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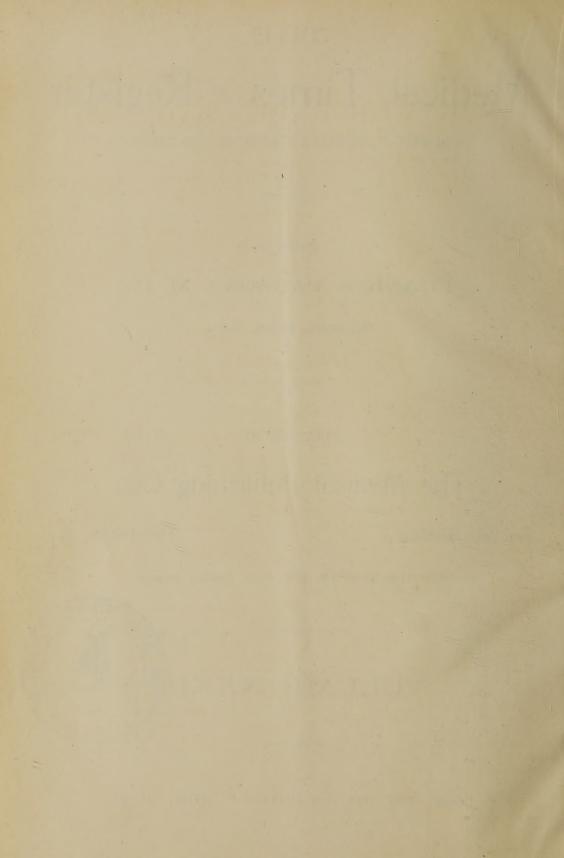
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JOSEPH R. CLAUSEN, A. M., M. D., Business Manager.



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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 Betz Building, Philadelphia. Pa.

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LA FOLIE EROTIQUE.

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS.

Translated from the third French edition by F. E. Chandler, M. D.

INTRODUCTION.

Gentlemen:—If I commence to discuss erotomania with you to-day, it is not to satisfy a morbid curiosity.

My intention is totally different. I wish, in the first place, to show you by a memorable example how deeply rooted in ourselves the most clearly defined delusion may be. Next to this, I wish to make you understand how very difficult it is to trace the line of demarkation between sanity and insanity.

Among the regular and normal instincts furnished us by nature, there is certainly none that exerts such a powerful influence on our sentiments and character as the genital instinct, and for that very reason there is none that is more often perverted even in people who seem to have kept the equilibrium of their faculties in every other point.

By its connection with one of the most powerful and legitimate senti-

ments of human nature, this present study presents as much interest for the philosopher as for the physician.

By its intimate connection with legal medicine it is of the utmost importance in a practical point of view.

Every day the Judges are busy with scandals, in which the part played by crime or insanity is not easy to determine, and it is in cases like these that the condition of the mind of those interested is an important factor in determining the decision of the Court.

It is then absolutely indispensable to have a firm foundation of solid, practical knowledge to arrive at a sound conclusion in a case of this kind.

Esquirol has established a distinction between erotomania or the insanity of chaste love and nymphomania or insanity with sexual excitement.

"Erotomania," says Esquirol, "differs essentially from nymphomania and satyriasis. In the former the trouble starts from the reproductive organs, the irritation of which reacts on the brain; in erotomania, love is in the head.

"The nymphomaniac and satyriasiac are victims of a physical disorder; the erotomaniac is the plaything of his imagination."

In my opinion, this distinction is justifiable, but incomplete, and must be perfected by the addition of that sexual depravation which leads patients to those vile excesses that the Courts are called upon to suppress.

PART ONE.

EROTOMANIA, OR THE INSANITY OF CHASTE LOVE.

I wish to consecrate this first study to simple erotomania and will commence by the detailed history of two patients that the clinic has

brought to our notice.

The first patient is a young man, 34 years of age, and if I say a "young" man, it is because he seems much younger than his years. Small, compactly built, and of vigorous constitution, his face shows all the attributes of youth, and assuredly, no one would give him the age indicated by his birth certificate.

Son of a drawing master, he has had a good education; he is an A. B. and up to the time of his admission to the hospital of Sainte Anne, he was professor of Latin in a boys'

school.

As you see, he held a very good position in society, and nevertheless he has been mentally unbalanced for years. A short abstract from his biography would be of interest here.

In childhood he was subject to convulsions. His intelligence, rather precocious than otherwise, has followed a rather irregular develop-

ment.

His character is feeble, without

push and easily influenced.

From his sixth year we see premonitions of his present condition; he had, he said, some lascivious ideas, but, although in most complete ignorance concerning sexual matter, he formed the habit of masturbation combined with most singular conceptions; of these we shall speak presently.

When twenty years of age, he enlisted and was incorporated into the marines; he was sent to Brest and rapidly formed habits of drunkenness, but in every other respect he behaved like a good soldier. Appointed corporal, he was degraded after a prolonged debauch.

In 1870, nevertheless, he did his duty as a soldier most honorably; present with the marines at the battles of Mouzon, Bazeilles and Sedan, where 4000 of the 10,000 men composing the corps were killed, he behaved with the utmost bravery.

Captured at Sedan with the entire army, he made his escape at the risk of his life, when about to cross the Prussian frontier, and this by a prodigy of courage and skill.

Arriving home, he remained a fortnight and again enlisted "to avenge his comrades" as he said.

After the war he was sent to Guadaloupe; he remained there eighteen months, caught the marsh fever, and returned to Europe quite ill. When cured and freed from the service, he entered a boys' school as professor of Latin.

You see, gentlemen, that with the exception of his drunken escapade, the existence of this young man has been not only honorable, but heroic; yet, notwithstanding, during this whole time that he served his country so valiently, he was absolutely insane.

It is a true case of monomania. First of all, our man affirms that he has remained pure of all feminine contact; a strange assertion for an ex-marine, who willingly drank to excess with his comrades. Nevertheless, we believe that he is telling the absolute truth, for his story is perfectly in accord with his ideas.

This chaste man has been given to obscene preoccupations during his whole life. Constantly preoccupied with the idea of women, he saw in his ideal the eyes only.

It was there that he found all the

qualities that should characterize a true woman.

This, however, was not enough and as it was absolutely necessary to arrive at more material ideas he had endeavored to get as short a distance as possible from the eyes that formed the centre of attraction for him and in his absolute inexperience he had placed the sexual organs in the nasal fossae. Under the influence of his preoccupation he made some odd drawings of his ideals.

As he had taken no one into his confidence, he lead a regular and quiet life until towards the end of

1880.

He was, as we have said, professor in a school, and part of his duty was to drive the omnibus with the scholars to the restaurant where they had their meals.

In one of his trips he met his ideal in the person of a young girl who lived in the neighborhood. She had a mass of curly hair with two immense

eyes shining below it.

From this moment his destiny was fixed; he decided that he would wed his beautiful unknown; found out her home and without further ceremony called upon her mother and categorically demanded the hand of her daughter.

He was immediately shown the door, but this did not modify his in-

tentions in the least.

He called a second and a third time, and finally was arrested and brought to police headquarters.

Transferred to the clinic of Sainte-Anne, we found him in a state of complete delirium; he speaks with unction of his amours; he insists upon the purity of his intentions, and wishes to be examined publicly at the clinic, before all the students, to prove that he is completely virtuous.

In every other respect his intelligence appears normal. He speaks modestly and sensibly of his past life, without bragging of his valorous actions. He admits his faults and sees that he erred in giving himself up to his taste for drink.

He does not seek to disguise his social position and declares with the utmost good nature that he earns 50

francs (\$10.00) per month in the school where he is employed.

In spite of this he is steadfast in his purpose, and cannot grasp the contradiction between his intentions and the means at his disposal to carry them out.

His moral sentiments are good. He speaks with the utmost respect of his father and affectionately of his other relations; he shows no trace of that malice so common to the insane; he accuses no one and has no enemies; he bears no ill will towards the object of his adoration; he is convinced that if he is detained at Sainte-Anne it is only to pass an ordeal of temptation, like the heroes of the romances of chivalry, and become more worthy of her.

Not only is he calm and gentle, but also he is always willing to be of service and aids willingly in the instruction of some little children who have already made considerable progress under his instruction. His physical condition is good; he eats, drinks and sleeps well and has no pain of any kind,

It is important to note that the patient has still a very considerable supply of muscular force that makes him dangerous in the emotional crises that he occasionally develops.

The second patient is a man 39 years of age, physically well made and showing none of defects so commonly met with in insane patients with bad heredity; in spite of this, the most deplorable heredity has weighed him down all his life. His father was a paranoiac; this man, who died at a very advanced age, had 19 children and our patient was the thirteenth of these. As I have already said in my lectures, longevity and excessive fecundity in the parents predispose to insanity.

The mother died at the age of 95 years; she was epileptic, but in spite of the double hereditary curse our patient was very intelligent and had a fine education. Destined to become a priest, he entered the seminary and stood well in his classes and that he did not finish is the fault of his superiors. Leaving the seminary he commenced teaching, but during

the whole of his life he has been subject to vertigo. Not making a great success as an instructor, he entered a business house, where his skill as an accountant was much in demand; but in spite of this he would constantly risk his place for the sake of playing some senseless prank. One day he so far forgot himself as to micturate in the pocket of a friend who was playing billiards with him. This cost him his place and he soon afterwards was without a cent.

In spite of all these vicissitudes he seems never to have had a criminal impulse, but seven years ago a new trouble added itself to his burdens; he commenced to have delusions of hearing; he heard insults said of him, and gradually became a paranoiac and was sent to the asylum of Saint Dizier; there he affirmed that the director of this institution was his chief persecutor. We have then to deal with an epileptic and a paranoiac, a combination that makes a very dangerous lunatic.

There are still other oddities in this patient. First of all, he is a somnambulist; he is also troubled with that form of hallucination that is known in America as "topophobia;" there are certain localities where he dare not pass lest the houses fall on him. He is also afflicted with "onomatomania," that curi-

ous mental weakness in which the patients seek in vain to recall names that always escape them. Finally, he sometimes feels that he must recite classical speeches that he remembers.

Here, then, is a man whose life, from its very beginning, has belonged to dementia, and, nevertheless, up to the period of his first incarceration he had done his duty as a citizen in a most satisfactory manner. He also took an active part in the campaign of 1870, was wounded at Sedan, and at the end of the war was nominated for the rank of second lieutenant.

One particular circumstance modified the course of his ideas; one day while going to his work he passed a young girl in the street who exchanged glances with him and disappeared leaving him "struck by lightning" as Steindhal expresses it. From that moment he has had an idealized love for that young girl; she must not even know that she is loved; if a doubt is suggested as to the platonic character of this passion his emotion may go on even to tears.

Marriage is repugnant to him; he wishes to remain faithful to the object of his devotion, but in spite of this the impression that his inamorata made upon his senses was so fugitive that he cannot remember if she was a blonde or a brunette.

(To be Continued.)

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

THE RELATION OF HEMIC CHANGES IN PATHOLOGICAL CONDITIONS WITH HEMOSTASIS.

Hunter, and in later years, Reindfleish, studied with great care and thoroughness the influence of various deranged conditions in the circulatory current, especially in inflammation. Hunter noticed that in all acute types of inflammatory action the coagulatility of the blood was increased. Reindfleish, with more accurate and definite resources for studying the finer mutations, examined into the morphological changes under thermal influence.

The general concensus of opinion is that the fibrin ferment is largely

augmented, in the presence of febrile conditions, among those of a former vigorous constitution; but that with those of a feeble constitution, and in certain wasting diseases, those suffering from chronic inflammation, the plastic properties of the blood are greatly reduced. My own observations in the course of the examinations of a considerable number of specimens of blood, removed from a limited area, the seat of inflammation and its degenerative changes. demonstrate that, in an organ, structure or tissue, the seat of local stasis, congestion or hyperplasia, the blood supply therein is thicker, the proportionate quality of plasma reduced, with the number of leucocytes and hematoblasts increased.

Hyperfibrosis is, then, a general phenomenon in local lesions attended with inflammation, as well as in general febrile conditions; the only essential and important difference being that in local conditions the blood. only in the limited diseased areas, is so affected. It will be remembered that in the early issue of this series it was shown that, under the influence of trauma, whole territories of tissues might be cut off for hours from the general circulation, with impunity; in some animals for more than a whole day, and yet, after a time, though many vescular channels remained obliterated, new capilliaries were formed, and full sauguination re-established. In many pathological conditions, involving limited areas, while the circulation is maintained through the larger arterioles by anastomis with the larger venous capilliaries, through the smaller, finer vessels, the blood ceases to flow. These are packed by the corpuscular elements. By diapadisis the leucocytes have made their way out through the vessels' walls, and there has been a large exudate of the serous elements and hemoglobin into the parenchymatous tissues of the vicinity.

This is the case in all local inflammations of an acute description. The density and plasticity of the blood have become markedly increased;

there is a state of hyperfibrosis, not in the general circulatory current but in the parts only concerned in the diseased action. This stagnant, congested fluid on evacuation tends to rapid, spontaneous coagulation; and hence we notice when a highly inflamed part is incised or punctured the escaping blood undergoes rapid coagulation, and the tendency to spontaneous hemostasis is so pronounced in these cases that even when deep parts have been divided, moderate pressure, without ligature, usually suffices to control hemorrhage.

What the exact molecular changes are in the blood that lead to this condition we are unable to demonstrate. for the reason that we are limited to the effects, as the precise causes yet beyond our knowledge. Thus it is patent to all that the fibrogenetic functions of the blood are greatly increased, the discharged blood vielding more than twice its normal quantity of fibrin; but this is a pathological product, dependent on the action of a ferment and decomposition; for it most certainly does not pre-exist in the normal circulatory current. Hayem believed that he could distinguish a reticulam in the plasma of freshly withdrawn blood, and was inclined to regard this as pre-existing in the healthy moving blood within the vessel. This, however, is only a hypothesis, as vet without substantial proof.

A knowledge of this hyperplasticity of the blood, in local inflammatory indications, is important and of great practical value in a very wide range of surgical conditions. In osseous or arthritic inflammation, or that involving the peripheral connective tissues, be it either traumatic or infectious, either, as a prophylactic or curative measure, sanguinous depletion, with relief of tension by incision or puncture, may be necessary or imperative.

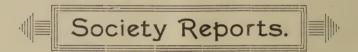
The experience or timidity on the part of the medical attendant, in certain stages of phlegmonous inflammation may cost the patient the loss of a member, or part of it, serious after-results in function, or even life

itself. But all humanity has an inherent dread of hemorrhage. Some of the stoutest and strongest pale and grow faint at the sight or smell of blood; but comparatively few in the profession have ever had opportunities in major surgery, or have extended experimental made researches on the animal, and hence instinctively shrink from opening through parts which are highly vascular, unless the necessity is extreme, and even then often restrained by fear of a blood gush, are prone to make an insufficient breach through the parts, which effects little, if any benefit.

The mastery of hemorrhage is the most important accomplishment in operative surgery. It comes only from extended observation, a thorough knowledge of anatomy and long practice. No book can adequately set forth the rules for its acquisition. Perhaps, it is, therefore, prudent and commendable for the inexperienced to employ the scalpel with great caution on highly vascular parts.

Vascular dilation, with extreme engorgement, however, when advancing on to intense inflammation, is

always attended with extreme pain and systemic depression. When a pronounced rigor sets in, we know that the death of the tissues has begun, suppurative changes have commenced, and pus will make its way out of the body, or undergo, possibly, resorbtion, thereby inducing pyemia, or what is most common, when its quantity is small and it is lodged in loose connective tissues, it becomes encapsulated, when its bacteria succumb, its fluids are resorbed, the morphological and chemical elements becoming inspissated, cacified or disintegrated; all of which, under many circumstances, may be prevented when a free and timely incision is made down to and through the inflamed parts. Remembering well our anatomy, cutting clear of the large blood trunks may be avoided, and the hyperfibrosis of the blood coming from the parenchymatous elements will so accelerate prompt coagulation that little is to be feared from loss of blood. Moreover, in properly selected cases, the free opening through the parts may at once cut short a painful or dangerous pathological condition.



BERLIN CONGRESS OF SURGEONS.

April 17 to 20, 1896.

Translated by T. H. Manley, M. D.

Rydygier, in discussing intestinal invagination, said that when non-sanguinary measures failed we must invoke surgery. We should open the abdomen over the point of the greatest fullness and first attempt to disengage the intestine by gentle traction. If suspicious patches of gangrene come into view, we must leave wicks of gauze in contact with them to drain off fetid fluids. If disinvagination fail we must resect the bow-

el, particularly if there are evidences

of gangrene.

In chronic invagination medical treatment may be patiently employed. But, if this fail, then the abdomen must be opened and mechanical disinvagination performed. He saw two cases, of six months' duration, thus succeed; one his own, and one with Czemy; one of nine months' duration, with Obalinski. When this will not succeed, we may resect.

ABNORMAL INSERTION OF URETER.

Wolfler, in detailing abnormal insertions of the ureter mentioned case of a girl, of twelve years, who had persistence of incontinence. One ureter was found opening in the vestibule of the urethra, outside the sphincter. By doing a plastic operation he was enabled to displace the open ureter inward, so that she could retain her urine for six hours. Wolfler divides the following abnormal insertions of the mouth of the ureter into:

1. Those which terminate in the ves-deferens, or the vesiculae-seminales; in the female, in Gartner's canal.

2. By those which pass directly

into the vagina or uterus.

3. Those which pass beneath the trigone into the submucus tissue of the bladder.

4. Those which pass into undeveloped uro-genital paths, of the defectively-developed.

-Revue de Chirurgie, 10 Avril, '96.

LAPARATOMY.

Reichel, in an essay on "Treatment Consecutive to Laparatomy," raised two questions:

First. When should we administer

opium after laparotomy?

Second. When should we reopen

the abdominal cavity?

It is thought that opium immobilizes the intestine and interferes with union. If septic inflammation already exist, it may prevent its extension, and should be given in full doses. He believed, after an ordinary laparotomy, it is better not to give it, as it was important to keep up peristalsis. An exception, how-ever, should be made in perityphlitis after operation, or after intestinal resection, when one feared the sutures might give way. But, opium masked the prodromes of intestinal obstruction, and thus the favorable period for intervention was allowed to pass. In ileus the bowel was closed by a flexure, not by a complete mechanical occlusion. proximal segment is always

distended by peristalsis. However, this distension may sometimes be combated by opium and lavage of the stomach.

In acute occlusion after laparotomy neither opium nor purgatives

should be employed.

When must we reopen the abdomen?

Surely, in the presence of menacing hemorrhage. Opinion is divided on the question of opening the abdo-

men in ileus or peritonitis.

The difficulty in diagnosis between the two is often extremely difficult. The presence of fever may decide the question. If occlusion is of slow development, without fever, five or six days after laparotomy we may suspect mechanical influence, and should act promptly. In inflammatory cases, opium alone will often succeed; but if it fail after forty-eight hours, we may interfere.

In general peritonitis, reopening the abdomen is useless. In all cases of peritoneal infection, we should administer opium in free doses to local-

ize the phlegmasic process.

INTESTINAL RESECTION.

Schede, on rectal resection, said that while it was an operation of choice, its indications were limited. Hahn and Lindner never practiced it; always preferring a Siquard colotomy. He believed, however, that it was a justifiable procedure, though attended with great difficulty in its The intestine performance. friable; the perirectal tissues infiltrated and vascular; hence, hemostasis was very difficult. With each clip of the scissors there was a fresh gush of blood. Sometimes one had to stop in the middle of operation and complete it by a colotomy.

VESICAL SURGERY.

Rehn has reported a case of "tumor of the bladder, in a man, employed in fuchsine works."

The author, after describing the usual site of vesical tumors, papillomata and sarcomata, detailed his method of operating, which consists

in opening the bladder above; the patient being in Trendelenburg's position. He then cleared the bladder and closed it by primary suture.

Trendelenburg reported case "of reno-vesical tuberculosis." The patient was in great misery, without any truce from pain and distress in urinating. In this case he proceeded

by (first) removing part of the bladder and ureter on one side.

Second. By a hysterectomy.

Third. By the removal of the remainder of the bladder, implanting the free end of the ureter in the sigmoid flexure of the colon. The woman, 22 years old, is yet about, but in a miserable state.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SO-CIETY.

The members of the Massachusetts Medical Society held the second session of their annual convention June 10, in Mechanics' Building, at the same time celebrating the 115th anniversary of their organization.

The gathering took place in Cotillon Hall, and was called to order

soon after 9 o'clock.

Dr. Francis W. Goss, of Roxbury, the secretary, read his annual report. It showed that 120 new members had been admitted, and that 39 fellows had died during the past year.

Dr. H. P. Bowditch, of Boston, reported progress for the committee appointed to investigate the method of teaching physiology and hygiene in

the public school.

The first paper read was by Dr. C. E. Edson, of Roxbury, on "The Pulmonary Invalid in Colorado." He described the advantages of the dry air of that climate.

Dr. V. Y. Bowditch, of Boston, followed, with a paper on "The Treatment of Phthisis in Sanitaria, Near Our Homes," which was discussed by Dr. F. I. Knight.

Dr. Alfred Worcester, of Waltham, next addressed the meeting, on "The Treatment of Tuberculosis, by the Injection of Tuberculin and Its Derivatives."

Papers of a technical character were also read by Dr. R. Chittenden, of New Haven, on "Nucleius and Nucleo-Proteids in Their Relation to Internal Secretion," by Dr. E. S. Boland, of South Boston, on "Extra-Uterine Pregnancy, From the Standpoint of the General Practitioner," and by Dr. M. H. Richardson, on "Ectopic Gestation."

At 12 o'clock the annual address was delivered by Dr. H. P. Bowditch, of Boston. He spoke on "The Advancement of Medicine by Research." He said in part:

It requires no professional training to comprehend that a knowledge of the bodily functions in their normal state is essential for the understanding and treatment of those derangements of function which constitute disease, and that physiology must form the basis upon which medical science and practice must rest. Physiology must be regarded as the physics and chemistry of living bodies. Therefore, just as the physicist and chemist build upon the basis of experiment the social superstructure of their sciences, so the physiologist can hope to advance firmly and successfully to the discovery of the laws of life only on the condition that the same experimental method supplies the stepping-stones for his progress.

Self-evident as this proposition seems to the student of nature's laws, certain persons are ready to deny the legitimacy of the experimental method of research when applied to living bodies.

The cause of this attitude of mind has its origin in the noblest feelings of human nature, in the sentiment that bids us be merciful if we would obtain mercy.

But it should be remembered that as Mr. Roosevelt recently remarked, "Conscience without common sense may lead to folly, which is but the handmaid of crime."

Dominated by the single idea that vivisection is an "abominable thing, and hateful in the sight of God," the leaders in this mischievous agitation presume to teach humanity to the members of a profession which exists for the relief of suffering. Unable to comprehend the reports of biological investigations, published for professional reading, they recklessly denounce perfectly painless experiments as cases of fiendish torture.

In maintaining their right to study and teach their profession, physicians are not called upon to maintain that unnecessary pain has never been inflicted. Their true contention should be that the men in charge of the institutions where vivisections practiced in this state are no less humane than those who desire to supervise their actions, while they are at the same time vastly better informed with regard to the importance of animal experimentation and the amount of suffering which it involves; that no abuse of the right to vivisect has been shown to exist in these institutions: that the governing bodies of these institutions possess both the will and the power to put a stop to such abuses should they arise; that the existing statutes furnish sufficient protection against cruelty in vivisection, as well as against cruelty in general; and that for these reasons legislation wholly uncalled for.

The vivisection question, reduced to its simplest expression, may be stated as follows: "Have we a right to give pain to animals in order to study the phenomena of life?"

In answering this question, we see at once the necessity of a clear conception of what pain really is, and in striving to obtain this conception we are struck with the fact that pain is a purely subjective phenomena. We know absolutely nothing about pain except that which we have ourselves suffered.

We are all well aware that when the spinal cord of an animal has been divided in the cervical region, an im-

pression made upon the nerves of the skin, either by a sharp instrument or by a chemical irritant, will cause the animal to execute violent movements of very definite character. But we know that the movements are not attended by consciousness, for by the division of the spinal cord the channel by which impressions are conveyed to the nerve centres, whose activity is a necessary condition of consciousness, is entirely obliterated. The movements are not indicative of suffering. We can speak with great positiveness on this point, for the testimony of hospital patients, suffering from injuries to the spinal cord, shows clearly that violent reflex movements of the lower limbs may occur absolutely unattended by consciousness. It is, moreover, a matter of experience that in certain stages of anesthesia consciousness may be entirely abolished, while the activity of the lower reflex centres remains unaffected. such cases patients may struggle and scream during an operation, but subsequently declare they have suffered no pain.

Pain may be defined as the consciousness of the excessive stimulation of a sensory nerve. This definition excludes those cases where the brain is narcotized or separated from the rest of the nervous system. The precise point where the stimulus of a nerve ceases to be moderate and agreable, and becomes excessive and painful, cannot be determined with precision.

AT THE BANQUET BOARD.

The annual dinner of the society was served at 1 P. M., in the banquet hall. The fellows of the society, called in order of seniority, marched in procession to the tables. Retiring President Frank K. Paddock presided, and had near him the president-elect, Dr. H. P. Walcott, and the following:

Lieutenant Governor Wolcott, Bishop Lawrence, Mayor Quincy, E. H. Brigham, S. D. Presbrey, V. Y. Bowditch, J. W. Hall, F. W. Draper, C. J. Blake, J. F. A. Adams, J. B. Brewster, J. Homans, S. J. Durgin, S. A. Green, R. H. Chittenden, H. P. Bowditch, R. H. Fitz, H. E. Burrell, H. P. Walcott, W. W. Keen, T. H. Gage, J. C. White, G. B. Shattuck, Judge Barker, S. W. Abbott, A. Shuman, J. C. Warren, A. T. Cabot, A. H. Plumb, G. W. Gay, A. Worcester, E. B. Harvey, W. L. Richardson, R. T. Edes, B. Joy Jeffries, Robert Amory, J. R. Chadwick, M. Richardson, J. M. Harlow.

The first address made was delivered during the progress of the dinner, by Lieutenant Governor Wolcott, who had to depart early. He spoke

substantially as follows.

Mr. President and Members of the Massachusetts Medical Society: Extreme physical exhaustion, accompanied by headache, loss of sleep and appetite; other symptoms of a grave nature, possibly the suggestion of an attack of acute legislation; late hours; hearings granted on portant bills; hearings granted to apparently a majority of the people of the Commonwealth, who think that either they or their friends possess all the qualifications for each and every one of the officers at the gift of the Executive. Now, gentlemen, it is seldon that one is able, without paying for it, to secure a consultation of physicians. It is still more seldom that one is enabled to call in any such number of physicians. But I will not risk the danger that might come to the profession by asking for an opinion on this occasion from this great body of Massachusetts physicians. (Laughter and applause.) I will simply say that, acting with such reflected knowledge of medicine as I possess, I have come to the conclusion that a short period of seclusion and rest is absolutely essential to the speedy recovery of the patient.

I have already brought you the greetings of the Commonwealth two or three times. I can assure you that if the novelty of my greeting may have worn off in a measure, it loses nothing of its sincerity or its cordial-

ity to-day.

The speaker went on to remind his hearers of the fact that the present year marked the fiftieth anniversary of one great discovery and the one hundredth anniversary of another. He urged that in the future that the year of 1896 might be looked back upon, 50 or 100 years hence, as marking a wonderful advance in medical science. The discovery which enabled us to see through solid flesh might alone mark an era in the history of medicine and surgery, and it might be that much which was to-day tentative and conjectural, to-morrow might bring results on which medicine and surgery would tread to future victories and to future ameliora-

tions of suffering. As one, continued the speaker, reads the stories written with the pen of genius, and with infinite sympathy and pathos, that McLaren has given us of a physician of the old school afar off among the glens of Scotland, one may indulge in a little regret that the life and duties of that typical physician may be giving war to the newer order of things. And yet, I suppose there are among you those who would say that upon the hills and in the valleys of Berkshire there are men to-day who are devoting their lives as that physician in Scotland did, to obey every call, to meet every emergency, to bring to every routed army of the household the aid that they need.

I close as I began, by bringing you the congratulations of the Common-

wealth.

As soon as cigars had been lighted President Paddock briefly opened the proceedings. This annual gathering, said he, is one of the landmarks in the life of our physicians, and in looking over these landmarks we see the rapidity with which the science of medicine has advanced. Surgery and medicine have developed to such an extent that one is forced to realize that no individual can so fully comprehend and become proficient in all branches as to overshadow his professional brethren, as did Hippocrates

At present a physician is exceedingly fortunate that he can excel his fellows in a single department; hence, no one man and no number of

men can fully represent medical science to-day. For a complete representation of that science we therefore have to look at the medical profession as an association. We are, each of us, members of that one grand body, the perfection of which can only be attained by the complete performance of his duties by every one of us.

Bishop Lawrence was then introduced. I thank you, he said, for inviting me here, for I can say honestly that there is no body of men for whom—and I speak for the great body of clergy—I have a higher respect than for the members of the Massachusetts Medical Society. (Applause.) And in electing your new president I can say that you have not only honored yourself, but you have honored the city of Cambridge. (Applause.) You may know your new president officially and professionally —I know him as a neighbor and a fellow-citizen, and can say that he represents what you want this society to represent—high character, public spirit, devotion to his profession and to the welfare of humanity.

Speaking not only for myself, but also for the great religious sentiment of this Commonwealth, I can say that wherever one finds any representative member of this society, one is impressed, he is humbled, by the devotion of the doctors to their work, by their instinctive love of their profession, by their interest in the scientific lines of their work, and by the service they devote unweariedly to their fellow-men.

The public spirit of the physicians throughout this State, in relation to their hospitals, to sanitary movements, and to all other civic movements which bear upon their profession, is recognized; but I cannot quite believe that they are sufficiently recognized by the people. They are doing untold work in all those lines.

The readiness with which the physicians of Massachusetts and of this society respond to calls, without asking questions as to whether they are to receive money in return or not—and they are sometimes imposed

upon—is remarkable. The work is done cheerfully and willingly and is the best form of charity. I cannot. therefore, understand how it can be that a great body of people in this Commonwealth can so far distrust the great body of these physicians can so far distrust their tenderness. their humanity, their sensitiveness to pain—as to bring any unwise, unreasonable restrictions to bear upon scientific study as expressed in vivisection. The people of this Commonwealth have tender hearts, and though they may be New Englanders externally, they are desirous of seeing that no hurt shall come to the animals. At the same time, it seems to me that into no hands can the lower forms of creation and the question of vivisection be more confidently placed than into the hands of the recognized medical fraternity of this Commonwealth.

The speaker went on to allude to the moral aspects of the practice of medicine, and suggested that if each physician might regard himself as an instrument, to be more fully developed for the honor of his Maker and the welfare of humanity, he had within him untold possibilities of usefulness.

Mayor Quincy was the next speaker. He began by referring to the excellent organization of the departments of the city government, especially those in which medical men were engaged, such as the Board of Health, the City Hospital, and the public institutions. I am glad to come here, he went on to say, and meet so strong and powerful a body as the medical profession. I take it that one of the most important modern developments of medical science lies in the direction of studying the conditions of health in cities—proper drainage, proper water supply, proper ventilation and the watering of streets, as well as other matters pertaining to the health of the whole community. This, I take it, is acknowledged far more now than in the past, that all these things have a most vital relation to the health of the community, so that the medical

profession necessarily co-operates with the efforts of those who are trying to introduce better municipal government in all these respects. There is, in fact, an interdependence between the efforts of the medical profession and the municipal officers to secure the conditions that are needed for the maintenance of the public health.

I take pleasure, therefore, in recognizing and expressing the appreciation which the municipality always feels for the work that is being done in connection with our public institutions—our City Hospital, our institutions for the insane, for paupers, and for children—by members of the medical profession.

An appeal may be made to physicians to interest themselves in everything that makes for good government, and particularly municipal government. One thing doctors may enforce on the community, and that is the need of intrusting the various branches of public work to the hands of experts. And I suggest that they will do well to co-operate in all branches of professional and philanthropic endeavor that tend to raise the spiritual and moral as well as the

physical health and well-being of the community.

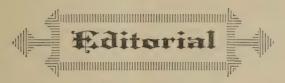
Judge Barker dwelt on the legal aspects of rival medical testimony in Court, and referred to the fair play and lack of prejudice with which such evidence was dealt with by juries. He said that all the Court could do under the present law is to restrict those lectures which, instead of giving light to uneducated men, tended only to confuse and darken.

Dr. W. W. Keen, of Philadelphia, sketched the recent origin of the surgery of various special parts of the body, and said that in the enormous strides that had been made the physicians of Massachusetts had played an important part. He congratulated Bishop Lawrence on his bold, brave and true words about vivisection.

Dr. Henry P. Walcott, the president-elect, briefly returned thanks for his election, and declared the meeting adjourned.

An excursion down the harbor, given by the city authorities, was then enjoyed by the members of the society and their families.





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INFANTILE CONSTIPATION.

This disagreeable disorder often occurs in very young children, and a case in the practice of the editor defies all medication, except enema of cool water twice daily. The following from the Medical Times, of London, has been observed in our cases, except that sugar water seldom does good in very obstinate cases:

"According to Marfan, a nursling should have two to four stools a day during the first two months and one to two after the first year. Whenever they are less frequent constipation is present. Transient or habitual constipation may be due to any of the following causes: Retained meconium, intestinal stricture, anal atresia. Symptomatic constipation is the result of febrile conditions or cerebral disorders; alimentary constipation, of simple or sterilized cow's milk, excess of casein or mineral wa-

ters, deficient sugar or fat; congenital constipation, of intestinal occlusion, excess of length or folds of the large bowel. The consequences of constipation in infants are numerous rectal prolapse, umbilical hernia, invagination of the bowel, convulsions, prurigo, urticaria, eczema, anal fissure, mucus, serious or ulcerative colitis. In discussing treatment, Marfan gives a very excellent rule—no laxatives before three months, no purgatives during the first year. Alimentary constipation of nurslings should be treated thus: A little sugar water (Jacobi), cow's milk four parts to 100 of sugar water; rectal lavage by the urethral catheter—two tablespoonfuls of glycerine to one litre of water or two tablespoonfuls of oil with the yolk of an egg to sixty grammes of water; massage, electricity. For fissure, suppositories."

THE INDUCTION OF ABORTION.

"Dr. A. Duhrssen, in the Sambral Klin. Vorw., describes what he puts forward as a new method of inducing abortion, as practised by himself in nineteen cases. In all cases under seven months, when he wishes to empty the uterus of all its contents, he packs the uterine cavity with as much iodoform gauze as it will contain, and then fills the vagina with salicylate wadding. In a few hours pains begin, and then cease in a few hours more, and at this time any bleeding present will also have ceased. When the pains have ceased is will be time to remove the tampons, and on doing so it will generally be found that the foetus and placenta have come down into the vagina and that the uterus is well contracted. In some cases the strength of the pains will have expelled the uterine contents and also the tampons through the vulva. The further advanced the pregnancy is the more certain is the activity of the tampons on the uterus. He thinks that for the cautious practitioner this will prove to be an excellent and safe method of emptying the uterus. The above method may be new to Dr. Duhrssen, but every medical man who has had much experience of obstetrical work knows the effect of plugging the vagina in such cases."

The above is quoted from the London Medical Times. Plugging the uterine cavity with iodoform gauze is not to be looked upon as such a light undertaking. Few uteri are susceptible of such maneuvers without previous dilation, even in multipara several months in gestation. Dilation sufficient to tampon a uterine cavity would of itself probably start up pains sufficient to cause abortion and especially when combined with vaginal tamponing.

UNIQUE ADVERTISING.

Among our advertising pages will be found an exceedingly unique idea carried out by the Antikamnia Chemical Company, of St. Louis. This represents a fac simile of their antikamnia tablets in number of the days of the month, with the moon phases for each day shadowed thereon. This will prove a useful as well as ornamental advertisment, and doubtless of great value to the company.

VASCULAR LAVAGE OR INTERNAL STERILIZATION.

We are led to make a few comments on the above topic, through an important contribution on the subject by Tuffier, of Paris, a translation of which appears in another part of this issue, and another about a year ago, by McGillicuddy, of New York.

Well, is there anything in this new and much-talked-of departure?

Judging from the report of the Parisian surgeon, it seems to be quite a specific in tetanus, and of probable value in sudden exsanguination. One who has lost great quantities of blood always experiences most urgent thirst, and large libations of liquids are taken before the demand is satisfied.

The only question at issue is, how to restore the necessary aqueous balance in the circulation; whether by swallowing water, by enemata, or by direct injection of the vascular system. The latter, to be at all safe or efficient, requires a special injecting apparatus; and, one who has something more than an elementary knowledge of surgery.

—(T. H. M.)

We can easily understand how intro-venous injections of saline so-

lutions could produce great effects in certain injections by destroying the toxines, through the action of salt in them, by flushing the vessels and washing them away through the excretory channels. This is simple enough of comprehension, from a theoretical standpoint; but the crucial test has not always sustained our expectations. We must not forget that systematic injection is a complex condition, in which the lymphatics and nervous systems play an important part. It is well known, too, that with the strength of the saline solutions employed they are quite inert on pathogenic bacteria.

In syphilis intro-venous injections of mercury have not been found any more efficient than when the drug was given by the stomach, a mode always simple and safe.

We cannot agree that the saline plan of treatment is, by any means, beyond its experimental stages. though we are most sanguine of what, in the near future, experimental research and clinical observations will open up to us in this direction. McGillicuddy's theory demonstration of internal sterilization seems, by all odds, the most rational and efficacious; at least, in fevers, either symptematic or essential. It consists in first cleaning the alimentary canal from end to end. The stomach is thoroughly irrigated and the rectum washed out by enemeta. Then copious quantities of sterilized water, as hot as can be borne, medicated or pure, are used. The skin is stimulated into fresh energy by sudorifics, baths, etc.; prediaphoresis is encouraged, the kidneys stimulated into increased action, and the patient made to even inhale moist vapors. In other words, It is the scientific application of hydropathy, elaborated and worked out with great detail, and it certainly is a therapeutic resource altogether too much neglected in our time.

—Gazette Heb. De. Med. Et De Cirurg, June 8, 1896. —Therapeutique-Chirurgicale.

NO COMPROMISE WITH THE MAMMOTH HOSPITAL GRAB.

By the Medical Colleges.

Dr. Thomas H. Manley, of our editorial staff, has been offered, and has declined the appointment of consulting surgeon to the Harlem Hospital, where he was visiting surgeon since its foundation, and in the department of Charities, in New York, for more than fifteen years. This promotion was offered to him without

his request, and coming from the University Medical School, his almamater, which he charges, treated him with treachery, he could not, consistently, or with self-respect, accept at this juncture.

His case is now in the hands of the Committee on Hospitals, whose action in the matter he is prepared

to abide.





HYDRO-GALVANISM OF THE URETHRA.

BY ROBERT NEWMAN, M. D., NEW YORK.

From Advance Proofs of Transactions of American Electro-Therapeutic Associations.

The instrument, which will be displayed here for the application of urethral hydro-galvanism, has been so devised as means to apply galvanism to parts of the genito-urinary tract without bringing the instrument in actual contact with the parts to be

benefited thereby.

The principal is that of an electric bath; the electrified water gravitates in the cavities, which are thereby expanded, so that the whole surface of the cavities is more completely electrified than it could be with, and without possibility of the irritation which might arise from the use of the metal electrode, the instrument being only a vehicle for conveying the electrified fluid.

As the electricity acts differently under different conditions and applications it will be in order to give here some definitions of terms:

Voltaic electricity (galvanic) low potential difference and large current intensity; electricity such as produced by a galvanic battery: a current or dynamic electricity as opposed to static electricity.

Hydro-electric: Pertaining to, employed in or produced by—the evolution of electricity by means of a battery in which liquids are used (or by

means of steam).

Hydro-galvanic—Produced by consisting of electricity evolved by the action or use of fluids, as hydro-

galvanic currents.

Electrolysis is the decomposition or the separation of a chemical compound into its constituent parts of elements by the galvanic current. Each pole has its peculiar action.

Cataphoresis, a factor in electrolysis; can act by itself—and thus is an electric osmosis—a transfer (or rather a transmission), of substances in solution through porous branes, under the influence probably of electrolysis, but without themselves being decomposed.

As an electro-therapeutic agent cataphoresis is used for the transmission of medicines through the cutaneous or mucous linings into the

body of the patient.

Galvano-puncture or electro-puncture is an electrolysis by needles, the current increased to a grade of destruction of tissues.

Galvano-cautery is the short circuit of galvanism to heat a platinum wire or burner. It is used as an ecraseur, knife, cautery, or simply as a rubefacient.

HYDRO-GALVANIC TIONS. APPLICA-

History.—All that has been said about the electric baths has reference to the origin of this method. Beard and Rockwell have called attention to hydro-electric applications. Boudet (of Paris), methods have been written of by Dr. Larat in 1892. Dr. Max Einborn has used the direct applications through the fluids of the stomach. The writings of W. H. Hedley, of Brighton, England, and Newman Lawrence, of London, deserve mention. These last two have written on "Hydro-Electric Methods" and "The Electric Douche" and "Hydro-Electric Therapeutics of the Constant Current."

Clemens has written of "Die Galvaniche Douche," Deutsche Klinik Berlin, in 1859 and 1860. As far as I am aware, the first practical employment of hydro-electric applications was made by Dr. W. H. King,

of New York, who constructed in 1889 a rectal electrode for hydro-electricity. A drawing of that instrument appeared about the same time in Waite and Bartlett's catalogue.

The writer has used the principle of hydro-galvanism in the female bladder four years ago. The instruments used are described in Tieman's reprints, number 10. The paper was read before the American Electro-Therapeutic Association, in 1893, in Chicago.* A guarded electrode was used in the water which filled the female bladder.

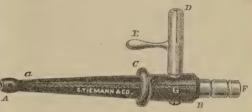
Dr. Margaret A. Cleaves read a paper at the meeting of the American Electro-Therapeutic Association, in New York, in September, 1894, on "Special Hydro-Electric Apparatus," in which she exhibited a series of Aher instruments for special parts of the body. The Urethral Hydro-galvanic instrument, designed by the writer, is new and does not infringe on any other appliance before presented.

Theory of Hydro-Galvanism.—The theory is to electrify the fluid used by the continuation of the current through the water to the platinum wire of the instrument, the same as in an electric bath. If a coin is placed in a dish of water, in which both poles of a battery are immersed, and the current turned on, the water will be so strongly electrified that the coin cannot be removed by the hand. The theory as a practical application is well expressed by Newman Lawrence. "All that is necessary, to insure, that the water or other fluid is electrified when, it reaches the patient, is to have the nozzle so constructed that the jet or jets of water form continuous streams for a reasonable distance after they leave the metal conductor within the nozzle." To electrify the fluid by the continuation of the current through the water to the platinum wire of the instrument, the same as in an electric bath.

Description of the Instrument.— The instrument is a conical tube of hard rubber, which can be inserted into the urethra from one to two inches; a soft rubber ring pushed against the meatus prevents leakage. A stop-cock regulates the supply of the fluid, the top of which is used as one binding post to attach the tip of one rheophore. The other end of the tube is used for the attachment of rubber tube for the introduction of the fluid. The tube is lined with a platinum wire for the conduction of the electricity.

Urethral Hydro-Galvanic Instru-

ment:



A to B—A conical hard rubber tube.

A. Small holes for the passage of the fluid into the urethra.

C. Movable soft rubber ring.

D. For the attachment of one cord of the battery.

E. Stopcock.

B to F. Corrugated metal tube for the attachment of the rubber tube for the introduction of the fluid.

G. Platinum wire lining the hard rubber tube for the conduction of the electricity.

Modus Operandi.—The fluid used may be simple salt water, bicarbonate of soda, or any other medication as the symptoms may indicate. As a reservoir for this fluid the writer uses a glass cylinder, so as to ascertain by sight the quantity of the fluid used. The lowest part of this cylinder and the portion of the in-Etrument BF, are connected by a rubber tube for the transmission of the fluid through the instrument. The glass reservoir is placed at such a height, that the fluid will, by its own gravity, enter the parts to be electrified without any undue pressure.

For the indifferent pole use either a pad placed on any part of the body, or a sponge electrode in the hand—the latter is preferable. The active pole of the battery is connected with the instrument at D.

^{*}Times and Reg., Nov. 11, 1893.

The end of the instrument at A is slightly lubricated and is introduced into the meatus so far that the conical part fills up the orifice.

The instrument has been made conical in order that the orifice may be filled, as the sizes of the meatus and calibre of the urethras differ in different people. When the conical tube has been inserted as far as is intended, a rubber ring, C, is pressed against the outside of the meatus to prevent any leakage of the fluid. One hand only is needed to keep the instrument in place, while the other one is used to turn the stop-cock "E." which allows and controls the afflux of the fluid to the parts, and also to regulate the current strength of the battery.

The galvanic current will be used in strength from 5 to 20 M. A., ac-

cording to effects desired.

The stop-cock should be so regulated as to keep the parts well filled with the electrified fluid or even dilated, so that it enters all the rugae of the canal.

If it is wished to change the electrified fluid the instrument may be withdrawn, slightly, to allow an excape of the solution, and then the stopcock may be turned on to give a fresh supply

The average time for a seance will

be about ten minutes.

Before finishing the treatment the current of the battery should be slow-ly reduced to zero.

Experiment.—Action of a galvanic battery, six cells for six minutes. Instrument attached to positive pole; a platinum needle to negative pole, in a solution of iodide of potassium, one drachm to one ounce of water.

Iodine at the positive pole, and for a considerable distance towards the negative pole, manifested by a deep brownish-yellow color, proved the electrolytic action.

Therefore, this instrument can be used in electrolysis just as well as for general galvanization. The most important part will be the stimulating of the mucous lining, healing of ulcerations, absorption of pathological conditions, restoring general debility, and improving chronic inflam-

mations. If the fluid be properly medicated, cataphoresis or electrolysis may be applied.

Methods in treatment of genitourinary diseases differ widely. The surgeon using the knife stands directly opposite the electro-therapeutics. This can only be fully understood by a comparison of treatment with the knife against electro-therapeutics. About strictures of the urethra the author feels compelled to make some comparisons and mention different methods.

The general surgical practice in urethral strictures consists in:

(1) Gradual dilatation, which cures in only small percentage of cases. As a rule, it enlarges like the stretching of a rubber band, which contracts again, after the stretching is left off. In suitable cases it is a rational method, and will not injure if used with care and skill, but in most cases it does not cure.

(2) Divulsion may also cure in some cases, but in the majority it is dangerous; caused by rupture, traumatism, and may produce death. At the present time it is abandon-

ed by most surgeons.

(3) Urethrotomy is the favorite operation of to-day, and in the opinion of many, nevertheless, the most unrational method. If the cut made heals by first intention the calibre of the urethra is not enlarged; if the gap is kept apart by stretching cicatrices must form, which are nothing else than strictures of a worse character.

In opposition to this old method the writer has treated urethral strictures by electrolysis for twenty-nine years, has compiled and reported, in 1893—1755 successful cases by different operators, all of whom vouch for the correctness of their statistics. The writer's statistics have been examined during a whole year, by a committee, who reported the statistics correct.

However, he cannot indorse other methods of so-called electrolysis, like "Forte's linear electrolysis," which is an operation consisting partly in forcible divulsion, with a small dose of galvano-puncture, both objectionable features; nor the instrument of "Gautier," which principle has been abandoned by the writer more than twen-

ty-four years ago.

The hydro-galvanic instrument may be used in tortuous urethral strictures of small calibre, in which it is difficult to pass a filiform guide and the urethra, very sensitive, in order to dilate, to lessen, the tortuesity, allay the irritability, heal up any sore or bleeding point, and thus prepare the case for the regular electrolytic treatment. This is, as a rule, not necessary for the expert, but some operators may find the hydro-galvanism an aid in beginning the treatment, particularly when they find difficulty in introducing an electrode, or even a filiform guide.

Diseases of the seminal vesicles consist mostly in inflammations, sometimes being one of the causes of impotence, and also connecting with

the prostatitis.

The hydro-galvanism has been easily used in these cases with marked benefit, and has cured several cases, in which other methods only partly allayed the severe symptoms. If inflammation is present the introduction of instruments is generally very painful, and often causes derangements of the bladder. If the hydro-electric galvanism is, and undoubtedly does, pacify these parts, it will facilitate the treatment afterwards.

In genito-urinary surgery we are advised to keep the parts at rest,

which is good treatment.

It may be a surprise for many that a recent publication teaches that the majority of sexual derangements in the male are caused by pathological processes in or about the seminal vessels, and that it takes extraordinary skill and long experience to make a correct diagnosis.

More plausible and rational methods for diagnosis and treatment of chronic inflammation of the seminal vesicles are stated by H. Feleki.

(1) Centbts f. d., Krukhtn d. Harn and Sex, organ, 1895, pp. 467 and 512: For diagnosis he uses the "three glass test," with digital examination, and the treatment consists in massage, for which he has devised an instrument, for this purpose, as being less disagreeable to both physician and patient, and believes that results are more quickly obtained by its use than the finger massage.

Diseases of the Prostate consist mostly of inflammations and hypertrophies—what has been said about inflammation of the seminal vesicles may also be applied to prostatitis.

hypertrophy of the prostate the surgeon goes from one extreme to the other. Formerly the advice was given to use the catheter always and wait till death comes, as nothing else can be done. Recently, enterprising surgeons have practiced castration and ligation of the vas deferens. Dr. Mansell Moullin reports twelve cases of orchotomy, of which two died after the operation, two died months after, and two suffered from traumatic delirium. Dr. Moullin thinks that perhaps unilateral orchotomy or even resection of the vas deferens may be followed by good results.

Lallemand's method with his "Cache caustique" never became popular, notwithstanding it appeared very rational.

Galvano-cautery has also been used and the writer has made positive cures with his "galvano-cautery

sound."

The instruments passing of through inflamed parts is generally very painful, and often causes derangements of the bladder. If the hydro-galvanic application will, and undoubtedly does pacify these parts, it will facilitate the treatment afterwards of other applications. is a new field in prostatic diseases and the probability is that it will cure some maladies of the prostrate gland, supreseding the former doing nothing plan, and the present tendency to cutting and mutilating operations. So far hydro-galvanism has allayed irritation, cured prostatitis and some cases of impotence.

Urethritis.—The failure to abort urethritis has been due principally to the fact that the inflammation has caused such an irritable state of

pain, which makes it impossible to introduce an instrument, syringe or any medication. The important part is to make use of a certain stage, in which the inflammation has assumed such a degree of irritability that the instrument under consideration can be used. This or a modification of it can be used with more ease than any other instrument. Simple water may be used with a weak current of five milliamperes, and according to circumstances, salt water, or even any other medication indicated. Electrolysis given by a metallic electrode, or bulb, is apt to create more inflammation and possibly a degree of cauterization. The hydro-electric galvanism is milder, and is better to abort the urethritis and even arrest inflammation.

Chronic urethritio, and all pathological discharges, will be more safely cured by this method than by any other, which dilates the calibre of the urethra and puts the mucous lining on a stretch, cleanses and washes all parts alike.

The electric current is equally divided in every part of its course; the milder application of electricity will be better tolerated by the patient, and the curative process takes place, which will not be accomplished by direct applications. It may be objected to that by an introduction of an instrument of two inches the deeper portion of the urethra may not be electrified. By practical observation, however, it has been found that any part of the urethra can be electrified, and if the instrument be rightly handled the fluid will penetrate any depth of that organ. any doubt arises we have two means to make a sure thing still more certain. First is to hang the reservoir containing the fluid higher, in order to increase the pressure from above; experience has shown that under such circumstances the fluid will even enter and fill up the The other is to have the bladder. instrument made longer. It has been found from experience, however, that the latter is not necessary.

Urethritis of the Deep Urethra.—As a subdivision of chronic urethri-

tis may be mentioned the urethritis of the deep urethra, in which generally the prostatic and even the neck of the bladder is involved. Celebrated specialists have been in the habit of treating such patients with injections of nitrate of silver, often so strong as to drive patients mad, and the case has been made worse. It stands to reason that such severe measures are uncalled for, and cannot cure, as the solution will diffuse itself all over alike diseased as normal tissue. A better treatment is the use of solid medications to the affected parts only, either by brush, ointment or prostatic bougies. An urethroscope may be used in order to have an ocular inspection, which will enable the operator to apply the remedies in sight to the affected spots only.

The passage of instruments over inflamed surfaces of the mucous lining is often too painful and the patient will not endure the introduction of instruments or local medication. Such cases have been particularly benefited by the application of the hydro-galvanization—in such manner that the patients considered themselves cured. In some of these cases the inflammation is so great that the disease will be carried into the bladder, and diseases of the bladder have been cured by hydro-galvanization in different ways of application—just as well in males as in females. A longer instrument is, however, desirable, which can be introduced into the bladder, which has been filled with four to six ounces of either plain water or a medicated solution. Then the catheter is placed inside the bladder in the water, which indirectly galvanizes the whole viscus.

Excoriations and Ulcerations.— Excoriations and ulcerations, particularly the latter, are very hard to cure in the urethra by ordinary means. Our hydro-electro-galvanism will breach over the first part of the treatment, in which the irritability of the parts prevents the application with direct electricity. After a few seances with this method treatment of indirect electricity may be used.

Poles.—The operator must decide how the poles of the battery are used according to indications, and he must know what action he desires, what effect he wishes to produce, and accordingly selects the poles. As rule, the instrument will be used as the negative pole, but in cataphoresis certainly the positive pole has to be selected. In these cases the instrument is the active pole. The other indifferent pole is either a pad placed on any part of the body or a sponge electrode held in the hand by the patient. The latter plan is preferred in most cases. However, if a more direct action is desired the indifferent pole may be applied nearer to the active pole.

The current to be used is from 5 to 20 milliamperes. The writer prefers weak currents, say 5 ma., which he has found sufficient in most cases, while stronger currents are apt to over-estimate and even cause inflammations, and consequently discharges. The success depends on sound judgment, careful manipulation, and perfect understanding of the laws of electricity and the in-

struments.

The solution used is in many cases plain water, but salt water may be or any other medication as indicated.

Conclusions:

1. One proposition is that the present ways of genito-urinary surgery need reformation,

- (a) As they are too severe and painful;
- (b) The failures are in too large a percentage comparatively with cures.
- (c) Some mutilations, as cures, appear barbarous.
- (d) Some measures generally used are based on erroneous theories.
- 2. Electrolysis in the treatment of urethral strictures has proved a success in a practice of thirty years, after patients, methods, statistics and documentary evidence have been examined by an impartial committee.
- 3. Hydro-electric methods are nothing else than the electric bath localized to a certain part of the body, the current transmitted by pure or medicated water electrified.
- 4. The instrument devised by the writer is introduced to this society for what it is worth, and for the good it has done, and solely for that; nothing more is claimed.
- 5. The hydro-galvanism by this instrument will not replace the direct electric current.
- 6. The hydro-galvanism in genitourinary surgery, wrongly applied by the tyro in electricity, may do harm, but scientifically conducted is useful, and in many cases paves the way for treatment or other applications of electricity.

64 West 36th street.





SELF-INJURY IN HYSTERIA.

Krecke (Munch. Med. Woch.) discusses a case at length in a woman, aged 61, under observation for thirteen years. Injuries are self-inflicted, either on account of anticipated advantages, or owing to abnormal mental states. The injuries inflicted on themselves by the hysterical are mostly of a chronic character. In the above-named case the injuries were chiefly on the arms, legs and face. Various forms of lesions were noted—reddening, blisters, old crusts, ulcers and scars. They were made by means of a caustic alkali (Laugenstein). The author gives a short account of some of the well-known cases, such as those recorded by Strumpell, C. Fox, etc. These patients, as in his case, almost always present signs of hysteria. The author thinks that his patient first inflicted these injuries as the result of some imperative idea, and that later the comfortable hospital life played an important part in the eti-The patient also suffered from mania operatoria. In the simplest cases the injuries are inflicted by means of friction with the nails and ends of the fingers, then by rubbing the bandage backwards and forwards, and lastly by a chemical agent. The question of diagnosis is important; the condition, if suspected, is generally recognized.

-Brit. Med. Jour.

Traumatic Neurosis.—Strumpell (Munch. Med. Woch), says that in most cases the manifestations are really psychical. The term "traumatic neurosis" is open to some objections; it is not a disease in itself, but includes hypochondriacal, neurasthenic and hysterical manifestations, etc. The psychogenic origin of these cases is generally admitted. It is mostly easy to decide whether or-

ganic disease really exists or not. The general appearance of the patient, the facial expression, behavior, actions and subjective complaints are characteristic. If pain is complained of in a part, the lightest touch there may give rise to much complaint. It is not really the pressure, but the imagination of some disease affecting the part which causes the sensation of pain. In investigating such conditions the patient's attention must be directed away from the part. The idea of physical disability is so marked that the required innervation is not forthcoming. By attention to small details in the examination, a sound conclusion can generally be arrived at. The author discusses the so-called objective symptoms in the traumatic neuroses. He recommends that a too careful examination of sensation should not be made in where there has been no severe injury. The patient's power of work is not affected by disturbances in sensation, which are the outcome of auto-suggestion. The estimation of the field of vision is of even less value than the disturbances in sensation. The examination is dependent on the accounts given by the patient, and the results are often variable. far as work is concerned, the diminution in the field of vision has no significance. From the side of the heart or lungs the so-called objective symptoms carry little weight. Even the increase in the pulse-rate, due to pressure on a painful spot, has a psychical explanation. Thus, all the so-called objective symptoms of the traumatic neuroses must be accepted with reserve. At times, the distinction between simulation and hysteria may be difficult. In the latter case there are diseased which force themselves with much persistence into the patient's consciousness. General rules for the detection of simulation cannot be given.

Besides the mental condition any objective evidence, as well as the constancy of the symptoms, must be taken into account, together with the previous condition of the patient. It is mostly only the strength of the fixed idea that will convert the previously capable and vigorous worker into a hypochondriac devoid of energy.

-Br. Med. Jour.

CAUTION AFTER ENUCLEATION OF EYE.

Doctor Jackson calls attention to the importance of carefully exploring the socket with the fingers before applying dressings. By this means he has discovered the foreign body that was supposed to have lodged in the eyeball, but instead had passed entirely through it, lodging farther back. In other cases this means of examination has revealed an abscess, or masses of exudation within the orbit, giving important indications as to the subsequent treatment.

-Philadelphia Polyclinic.

VINEGAR AS AN ANTIDOTE TO CARBOLIC ACID.

According to Professor Carleton (La Semaine Medicale, November 16, 1895), vinegar is an antidote to carbolic acid. Applied to the skin or mucous membrane burnt by carbolic it causes a rapid disappearance of the characteristic whiteness, as well as of the anesthesia produced by carbolic, and it also prevents the formation of a slough. It also neutralizes any carbolic that may have been introduced into the stomach. The first thing, therefore, to do in cases where carbolic has been swallowed is to make the patient drink some vine-gar mixed with equal parts of water, and then to wash out the stomach.

-Australiasan Med. Gazette, C. L. C.

GONORRHEA.

Mr. Lawson Tait says: "We know that a man never really gets cured of gonorrhea. Under any stimulant of wine or women, it will come back and be effective. From the enormous number of cases of damaged uterine appendages that have come under my care in the young married women who have remained sterile after having been a few months married, I am almost disposed to believe that it is unjustifiable for a man who have resuffered from gonorrhea to enter the marriage state at all." What a startling statement from so high an authority.

-Leonard's Med. Journal.

LOCAL DAMAGE IN CRIMINAL ABORTION.

Haberda (Vierteljahrschrift f. Gerichtlich. Medicin, vol. xcv, 1895) finds that the damage to the soft parts inflicted in criminal attempts at abortion is usually quite characteristic. This is especially the case when undertaken by persons not instructed in anatomy or obstetrics. Even an experienced mid-wife or practitioner is apt to use force, as steps for legitimately inducing premature labor are slowly and methodical, and hence likely to attract too much attention. Haberda finds that the damage to the cervix is usually a groove-shaped rent, while depressions are found in the uterus which sometimes mark a complete perforation. But a long, narrow canal running through the uterine wall is particularly characteristic, indicating, of course, perforation by a pointed instrument. Damage to the vagina is less common. The cervix is occasionally found torn off from its vaginal attachment to the posterior fornix. In one such case a canal, clearly artificial, was found to lead from the torn point on the surface of the cervix to the internal os. In one case a perforating instrument had been thrust into the urethra and damaged the bladder, causing peritonitis. shows the blind violence often used in these criminal proceedings. Perforation of the anterior wall of the rectum, the vagina, bladder and several coils of small intestines was detected.

—B. M. J., C. L. C.

FUNCTIONAL IMPOTENCE.

Here one usually has to deal with a condition in which the sexual apparatus is being constantly excited and irritated, and consequently the reflex centre in the spinal cord is never at rest. Therefore, in treating such cases, do not begin by putting the patient en aphrodisiaes (as phosphorus or damiana), but adopt a line of treatment that will soothe and tranquillize, and stay the patient's more or less morbid desire to accomplish sexual intercourse. I prescribe potassium bromide twenty grains, with tincture henbane twenty minims, in four drachms of camphor-water, four times daily. After employing this for two weeks (or longer, if necessary), and its purpose having been attained, it is then, in the case of a married man, permissible to begin tonic aphrodisiaic treatment. I find of special value, given four times a day, 1-32 grain strychnine sulphate dissolved in equal parts distilled water and dilute phosphoric acid.

—Doctor Lindsay, in Cincinnati Medical Journal.

INDIGESTION AND BALDNESS.

Dyspepsia is not only one of the most common diseases, but it is also one of the most common causes for the loss of hair. Nature is very careful to guard and protect and supply the vital organs with the proper amount of nutriment, but when she cannot command a sufficient quantity of blood-supply for all the organs, she very naturally cuts off the supply of parts the least vital, like the hair and nails, so that the most important organs, like the heart, lungs, etc., may be better nourished and perform their work more satisfactorily. In cases of severe fevers one can readily see how nature economizes. If one will examine a hair very closely from the beard or head, it will be seen that it gives somewhat of a history of an individual during the time it was growing. It will be observed that it shows attenuated places,

showing that at some period of its growth the blood supply was deficient from overwork, anxiety or underfeeding. Be more careful about what you eat, when you eat it, and you will have less dyspepsia and fewer bald heads.

-Charlotte Medical Record.

SYPHILIS THROUGH FLEA-BITE.

Jonathan Hutchinson reports a primary lesion of syphilis of unusual origin. An elderly member of the profession presented himself, covered with an evidently syphilitic eruption, which rapidly disappeared under the use of mercury. The only interest about the case was the question as to how the disease had been acquired. The doctor was evidently anxious to give all the information in his power, but was positive that he had never been exposed to any sexual risk, and, as he had retired from practice, no possibility of infection in that manner existed. He willingly stripped, and a careful examination of his entire surface revealed no trace of lesion whatever on the genitals or at any point, except a dusky spot on one leg, which looked like the remains of a boil. This the doctor stated, had been due to a small sore, the dates of the appearance and duration of which were found to fit exactly with those of a primary lesion. There had also been some enlargement of the femoral glands. He had never thought of the sore in this connection, but remembered most distinctly that it followed a flea-bite in an omnibus, and had been caused (he supposed) by his scratching the place, though he could not understand why it lasted so long. Mr. Hutchinson concludes that all the evidence tends to show that the disease had probably been communicated from the blood of an infected person through the bite of the insect. It thus appears that even the proverbially trivial flea-bite may prove a serious injury at times.

-Medical News.



IMMENSE HERNIAL SAC.

Mr. Ungauer showed the Societe Anatomique a right inguinal hernia so voluminous that the hernial sac contained a portion of the stomach, the large intestine and the small intestine minus the duodenum.

The patient died of uremic poison-

ing.

-Independence Medicale.

THE MICROBES OF THE HUMAN SKIN.

DR. PAUL REMLINGER.

Aside from the numerous and varied saprophytes, the skin may harbor numerous pathogenic microbes, as staphylococci, streptococci, bacilli-coli, etc. What now, is the role of these in cutaneous pathology?

There is a whole group of dermatoses caused by the staphylococci; this group comprises impetigo, ecthyma, boils, some folliculites, etc.

If the pathogenic microbes of the skin may be the cause of grave diseases, the saprophytic microbes harbored in immense quantities by it must not be considered as innocuous. They act mechanically, as it were, to prevent the perfect performance of the cutaneous functions, and we may wonder if Mr. Quinquaud was not right in considering that the accumulation of microbes at the surface of the skin prevents the absorption of oxygen, the excretion of CO2, and causes an augmentation in the blood and in the tissues of extractive matters, of urea in particular. The vague feeling of lassitude so often noticed when we are prevented from bathing for some time, may be caused by this.

The best method of obtaining cutaneous asepsis is frequent bathing.

Mr. Remlinger recognized the difficulty of an exact enumeration of the microbes of the skin.

His experiments were made upon

fifty soldiers who were convalescing from non-cutaneous diseases.

These patients, who had not been bathed for a given length of time, were ordered to take baths by immersion.

The quantity of water put into the tub was measured exactly, and the patients ordered to scrub vigorously every portion of the body. The lowest figure obtained for the number of microbes left in the bath was \$5,000,000; the highest number was 1,212,000,000. The average number was 550,000,000. Generally speaking, the number of microbes was in direct proportion to the number of days the patient had been without bathing.

Frequent bathing diminishes the number of microbes harbored by the skin. A bath to be efficacious must

not be taken passively.

It is not enough to plunge into the water to come out clean, but soap and friction are necessary to obtain good results.

-Medecine Moderne.

A CHILD MENSTRUATING AT 46 MONTHS.

Menstruation, a physiological act peculiar to woman, is both temporary and intermittent. It comes on at puberty and disappears at the menopause, thus marking two well defined periods. From time to time exceptions to the rule occur in the form of precocious, infantine menstruation.

Author records case that menstruated for the first time at the age

of 46 months.

This child first attracted attention by its precocious development and especially by its height; when 4 years old it measured 1 m. 12cm.

Author was called in by the parents who, alarmed at the loss of blood from the child's genitals, sus-

pected an attempted rape.

No erosion was to be found and author diagnosed precocious menstru-

ation, for there was a marked development of the breasts, although there was no pubic hair. The menses continued to show themselves every five to six weeks, lasting one to two days. -Marseille Medical.

PAINS OF GENITAL ORIGIN IN WOMEN.

DR. A. MARTIN.

The woman who consults a gynecologist does so for one of three reasons: She is either in pain; she is flowing, or she has some functional trouble that may be of genital origin.

A thorough examination is necessary therefore to establish a diagnosis upon which our therapeutic measures will depend. We should not, after having carefully localized our pain, think immediately of what operation could be performed, whether amputation of the cervix or ablation of the uterus and its appendages, when the whole trouble may be pain in the sacro-iliac articulations or relaxation of the symphises.

An operation, that may terminate fatally, is advised nowadays with as much calmness as the drawing of a

tooth.

We shall now point out only those troubles which are the most frequent; those of neuralgic origin:

A. Vulvar neuralgia (vulvodynia

or vulvalgia).

B. Vaginal neuralgia (vaginodynia or vaginalgia).

C. Uterine neuralgia (hysterodynia or hysteralgia).

D. Ovarian neuralgia (overadynia or ovaralgia).

E. Tubal neuralgia (tubodynia or tubalgia).

F. Pelvic neuralgia (genitodynia or genitalgia).

G. Central neuralgia.

H. Vesical neuralgia. Then follow vesical diseases:

Recto-coccygien diseases; digestive diseases; cardiac diseases; respiratory diseases; muscular diseases; sensorial diseases, and the diseases of the nervous system.

In the greater part of the neuralgias the indications are for, "grosso modo" hydrotherapy, KBr., nastics, and hygienic exercises.

Local treatment is dilation, curetting, massage of the uterus, electricity (either faradic or galvanic); massage of the labia majora occasionally has marked sedative action; then, as the case may require, injections either very hot (50 C.), or very cold (5 C.), cauterization of the vulva, with either pure creosote or an AgNO3 solution.

Be careful of hypodermics of morphine, especially in hysterical pati-

ents.

In consequence of genital disease we may see from the nervous system, persistent headaches, periodical migranes, coming on by preference at the menstrual epoc.

In certain women, who are predisposed, persistent genitopathies may bring about severe mental trou-

ble.

-Archives de Gynecologie.

ANTIQUITY AND UNIVERSAL-ITY OF ADENOID GROWTHS.

Dr. William Meyer, of Copenhagen, says that after a careful study of the portraits and busts of historic personages in the Vatican, he has found some that show indubitable signs of occlusion of the naso-pharyngeal cavity, mouth open, nose laterally compressed, and glance uncertain.

Other symptoms common in the living patient are the altered voice, the absence of resonance and faulty pro-

nunciation of the m and n.

The affection has been found in all parts of Europe, in Greenland, North America, Hong Kong, etc.: the author examines some historical portraits.

The portrait of the celebrated sculptor, Canova, painted by himself, shows him with the typical features of a patient with adenoids.

One of Canova's pupils informs us that his master was deaf, and this is an additional point in favor of our supposition. Other historical personages mentioned by Dr. Meyer as havadenoids are the Emperor Charles V, and Francis II, of France. In the Chiaramonti Museum, at Rome, author found three busts of sufferers from adenoid growths. -Hospitals Tidende.



DURATION OF TYPHOID FEVER UNDER TREATMENT OF BATHS AND SUBCUTANEOUS INJECTIONS OF STIMULATING SUBSTANCES.

S. Affanasiew, Bolnitschnaia Gaseta Botkina.

Author, from observations in eight authenticated cases, comes to the conclusion, that during the state of continuous fever hot half baths and pouring over with cold water, increase considerably the normal number of the red blood corpuscles, in consequence of which an augment-ed filtration of plasma, in the lymphatic system. In addition, owing to diapodesis, the number of leucocytes are diminished in the blood. During the lytic fall of temperature, owing to the increase in the flow of lymph in the blood vessels, results a diminution in the number of the red blood corpuscles, and an overwhelming increase in the leucocytes. These, under the influence of the attracted bacteria-protein, newly formed in the lymphatic glands, disseminate in great quantities through the lymphatic system. The bacterial product causing the termic excitant is destroyed by the cells of the lymphatic glands, as well and more so, by the liver.

The quantity of urea in the urine of a typhoid, treated with hydrotherapic, may increase in the first days; later owing to an increased filtration of blood plasma in the lymphatics, it

is diminished.

With subcutaneous injections of formalin or alcoholic solution of Fuchsin aside from bath therapic, the fall of temperature is greater in the first days, than by the bath treatment alone. At the point of injection, however, develops an infiltration, to which the bacteria may find a suitable soil for growth, for when the injection is made in the first days

of the disease, the temperature rises again and protracts the lysis. Some time after, at the place of injection, an abscess forms, which contains staphylococcus, when injectew with Formalin; while with Fuchsin typhoid bacilli only can be isolated. After Fuchsin injection aside from strong coloration of urine, author noticed enlargement of the spleen, albumen and bacilli typhoid in the urine, and believes that a greater dissemination of the bacilli is going on.

The bathing therapic shortens the duration of the disease, when it is instituted in the second week, as author demonstrated by his reported cases. When complicated with pulmonary disease, the effects of the baths begin on the sixth or seventh

day after instituting them.

THE APPLICATION OF 32 DEGREES HOT BATHS IN TWO CASES OF CEREBRO-SPINAL MENINGITIS.

Dr. G. S. Woroschilskie, Jusno-Russkaia Medecina.

In two grave cases of cerebro-spinal meningitis, author applied hot baths, 32 degrees (890) as recommended by Aufrecht, of Magdenburg. The results obtained, proved so remarkable, that he desires that this method be taken up and further observations made. In both cases, the beneficial effect was noticed after the first bath. The irregular pulse subsided and regularity established itself, sensorium relieved, the temperature somewhat lowered and the patients felt such a general improvement, that they themselves asked for a continuation of the baths. It is further interesting, that one case was complicated with cardiac disease (not stated which), and even in this case it proved so beneficial that the patient was discharged entirely cured from the hospital after two months' treatment. Author remarks, that after each bath the pains around the heart would subside. Aside from the baths the usual remedies applied in meningitis were used (ice, calomel, iodine, etc.), the patient with heart trouble received besides, infus digitalis 0.6: 200.0.

Author attributes very little to the latter, since it is known how frequently the physician is disappointed

with it.

In conclusion, author pleads for Dr. Batz (Tokio), who utilizes the hot baths in capillary bronchitis and broncho-pneumonia in children, and begs that more experimentation be made by the profession.

TRIONAL FOR SLEEPLESS CHIL-DREN.

Dr. A. Claus, Klinische Rundschan.

In nervous affections of children, accompanied with insomnia, especially in chorea, convulsions, and above all, in Poror nocturnus, trional gives the best results, according to Dr. Claus. The doses are:

One month to one year, 0.2-0.4; one year to two years, 0.4-0.8; two years to six years, 0.8-1.2; six years to

ten years, 1.2-1.5.

It is best when administered half an hour after the evening meal, the latest 15 minutes before retiring. It can be given in hot milk, but is best administered in confectionery or honey.

Conclusions. 1. Trional in doses of 0.2-1-5, depending upon the age of child, is an excellent hypnotic. On the following morning no heaviness or headache is noticed. It favors physiological sleep. Sleep sets in 10-15 minutes after the medicine has been administered.

2. Trional does not exercise to any extent in insomnia due to pain.

3. Trional does not attack the intellectual, respiratory or circulatory functions; acts beneficially on the digestion.

4. Insomia, due to toxic, especially alcoholic disturbance, chloral seems to be more active.

INFANTILE FEEDING.

W. Stoffen, Jahrb. f. Kinderheilk, 1895.

Want of healthy breast milk must be substituted by some suitable artificial food. The infants fed on foods obtained in the market, as Nestle's, etc., favor rachitis, and swell the mortality in summer diarrhea, as is well known to pediatrics from experience. We are hence compelled to fall back for artificial feeding on animal milk, and mainly on the readily accessible cow's milk. To make it analogous to the human it must be thinned, and after the thinning, fat must be added, since this is the principal nutritive. The contents wanting in sugar, must be supplied by milk sugar, further the casein of the cows' milk must flow as the human milk, in fine streaks. All the mentioned requisites author combined satisfactorily by the mixture of cow's milk, calf soup, cream and milk sugar. It contains 3.1 per cent. fat; 1.8 per cent. casein, and 6.2 per cent. sugar; so that chemically it is quiet similar to human milk.

The production of Stoffen's mixture is as follows: Mixed milk, from healthy cows, fed on dry food, and under the constant observation of a physician, only should be used. The milking should be done scrupulously The calf soup is made of 1-4 pounds of calf meat in a 1-2 liter of water (about 17 ounces), no spicing, cooked for 3-4 of an hour; to the remaining, from evaporation, another half liter of boiled water is added. The mixture is then made up: 50 gm. (dr. 3) milk, 50 gm. of the above soup, one teaspoonful cream and 3.8 gm. (57 gr.) of milk sugar. It must be boiled for 3-4 of an hours. It has a whitish color with a tint of yellow and a pleasant smell and taste. It is easy to thin, more or less according to the age of the infant, as well as to ad the necessary quadntnties of fat sugar.

On the ground of ten years personal experience at Stettin Children's Hospital, author assures us that but with very few exceptions, the mix-

ture is well born and readily taken. The infants develop well at all times, no elimentary disturbances, no vomiting and no intestinal colics, no offensive stools, the same being of pulpy consistance and yellowish. The infants at all times gained weight. Author never noticed a case of reachitis when his instructions were followed:

Under this nutrition and administration of acetic acid, acquired intestinal catarrh healed rapidly. Children brought up on this food, would resist the infectious diseases much more, and children who even upon other food acquired rochitis, scrofula atrephie and gastroenteritis, shortly upon being placed on this food

showed great improvement.

This food, however, has two disadvantages, namely: 1. High price. 2. The detailed preparation. Still, the technic of preparation is quickly acquired, the remaining substances utilized in the household. To be sure, the high price is an obstacle to the poorer classes, where the artificial feeding is most necessary. Author holds this preparation as yet to be the best.

The chairman of the Arrangement Committee of the Twelfth International Medical Congress, Prof. Klein, appealed to Prof. Comil, chairman of the United French Medical Press, that a French Committee be formed to serve as an intermediate between the Moscow Committee and the French physicians.

-Wratch.

Mrs. Aschkinas donated 25,000 rubles (\$15,000), to the Odessa Jewish Hospital, for the establishment of an "infectious ward."

—Ibid.

The jubilee of 25 years of medical service of Professor of General Pathology, Dr. A. B. Fochta, was celebrated at Moscow, on March 9, 1896, with great pomp. One of the many addresses and gifts presented to the professor by his admirers, consisted of a collection of 10,400 rubles (\$7000)

which was designated as follows: 8000 rubles for free scholarships at the Moscow Medical Faculty; 2000 rubles to enrich the pathological laboratory, and 400 rubles to aid students, who are unable to meet the tuition fee for the coming half year.

WART MIXTURE.

R.	Acid	salicyl			 	.10.0
	Spir. e	ther			 	.20.0
M. S.	· Appl	i elact. y with	hrush	• • •	 • •	.40.0

An interesting item giving in full the expenses of a provincial physician for 15 years (1880-1885), is copied by the Wratch from the Medecinskaia Beseda:

1895	316	809	159	288	50	164	1001	4	200	184		2030
1894	230	552	109	297	154	230	160	73	328	146	-	2565
-	248											2195
1892	253	638	83	365	42	150	117	31	363	110		2050
1891	284	520	125	243	158	408	154	41	236	114	-	2460
1890	233	541	150	418	47	119	155	28	350	43		1905
1889	240	482	116	201	192	156	89	28	246	142		1920
1888	213	496	134	251	7.9	163	106	41	154	199	-	1820
1887	153	401	135	235	46	143	140	22	224	193	1	1815
1886	274										renorm,	1730
1882	383	238	200	211	23	162	142	204	61	20	-	1485
1884	395	282	100	172	30	83	175	986	20	22	-	1415
1883	394										-	1595
1882	552										-	2500
1881	590	404	187	202	191	125	129	26	110	295	and processor when	2315
1880	363	308	131	500	130	16	290	110	162	135	-	2115
Expenses for.	Rent & serv.	Table	Tea, coff. sug.				For intellect	Rail	Children	Presents		

Necessary commentary: 1. Family consisted of three up to 1886, after that of four. 2. From 1880 to 1883, serve d as military physician in a city. From 1883 to 1886, district physician in a tow n. From 1886, railroad surgeon at a large railroad centre.

LAVAGE OF THE BLOOD IN SUR-GICAL INFECTIONS.

BY. M. DR. TUFFIER.

Utra-veinous injections of saline solutions-so-called artificial serumhave passed the experimental stages and have now entered permanently the domain of medico-surgical therapy. The important discovery of MM. Dastre and Yoye, in 1887, has now received its full sanction in human pathology. The injections are harmless and without danger when performed by a dextrous hand, and under aseptic conditions. They are employed with advantage in exhaustive hemorrhages and in conditions of sepsis. Their range of application is very wide, and already there efficacy is so definately accorded them that there is no ground for disputing their claims. In my own early experience I must admit they were employed with a feeling of skepticism and considerable timidity.

Since 1892 I have employed them about fifty times, in cases of tetanus, septic-peritonitis and renal infec-

tions.

In March 1892, I received into my service in Beaujon Hospital a driver, who had a scar under the right, lower eyelid. Six days before he entered he sustained a kick from a horse, opening the tissues here. The wound healed by first intention, without any dressings.

On the evening of the third day trismus appeared. On the sixth day I found cervico-cephalic tetanus, well marked. Medical treatment was faithfully tried, but opisthotonas with laryngeal spasm set in; in one of which attacks he nearly succombed.

My colleagues, MM. Chantmesse and Widal, generously saw the case with me. It was their opinion, that the poison of tetanus had entered the wound, it was now generalized through the circulation, intoxication was widespread and to attack it would avail nothing. It was at this juncture that we turned to lavage of the circulation; first with drawing

500 grammes of blood and then immediately injecting into the opened vein 1200 grammes of the saline solution. Almost at once, all the general convulsive action of the muscles ceased, but there remained some stiffness in the lower jaw. The next day, as there were some signs of relapse, another 700 grammes of blood was withdrawn, about 20 ounces, and another saline injection of 1200 grammes made; a little more than a quart.

After this, improvement was rapid, and he left the hospital cured, three

days later.

On March 14, 1894, an employe of the Eastern Railroad Company, 32 years old, entered hospital, for treatment of an abraded wound of the inner side of left hand and foot. Five days before, tetanus appeared in a desperate form, and medicine having proven inert, he came under surgical treatment. Encouraged by former success, in an interval of two days, we bled him to the loss of 700 grammes, and made two injections of the saline solution, one 900 and the other 1600 grammes. Contractures gradually ceased and recovery was complete. In another case of subacute tetanus saline treatment had no effect; death soon following. I do not wish to have it understood that this heroic treatment is demanded in all, for we know that many mild cases tend spontaneous recovery; nor it is intended that the impression should prevail, that this is infallible: but I do insist, that in all grave cases rebellious to medicines and drifting into alarming conditions, this invaluable resource should be thoroughly

I shall not dwell at length on the great value of the serum treatment, in grave hemorrhage or peritoneal infection, for they are positively remarkable and sustain my claims for it, a year ago.

The quantity injected varies from two to eight litres. In infected conditions, five of my patients are indebted to this method for their lives to-day. In a case of post-operative hemorrhage, the patient was at such a low ebb, that the corneal reflexes

were absent. In four other cases peritonitis consecutive to abdominal section had set in. In all of them the gravity of the symptoms was extreme; the pulse was uncountable, the extremities cold and that violaceous hue of the skin-so positive symptom of septicemia—was marked. The results were simply extraordinary. In proper cases it is a veritable panacea. Others of my colleagues have had equally good results in the most desperate cases. But as with all remedies, it has it limitations. Five of my cases sank in spite of it. In renal infections the results have not been satisfactory.

I wish to make a few remarks on the probable modus-operandi of saline, intra-veinous injections.

It is probable that one of the effects of these injections, is to dilute the poison, the toxines of infection, and this alone may suffice for tetanus.

The conditions under which we employ these remedies in the laboratory on the lower-animals and on man, are widely different, and hence, the quantity used as a theapeutic measure is much less; normal vascular tension being present, large repletion can be safely maintained; when the healthy emunctories, the kidneys, the salivary and sweat glands, promptly throw off the surplus aqueous elements.

For a long time I have noted that one of the first signs of grave surgical infection is a reduction of arterial tension, the patient finally sinking from cardiac asthenia; maybe from the toxines affecting the vaso-motor system, or possibly acting directly on the cardiac muscle. Now, one of the first effects of a saline injection on the circulatory system, is a slackening of the pulse and an augmentation of arterial tension. This is so prompt and accentuated that one must ascribe it to something more than a mechanical effect. I believe, however, that this toning up of the vascular system in itself plays an important role. The second effect which we notice is an excessive dieuresis, probably in twenty-four hours, from 1000 to 300 grammes of urine are ejected. We have not been able to determine the relative toxicity of this secretion; but no doubt in connection with the mucous membrane of the intestine, integument and salivary, glands it is larger.

In the opinion of M. Delbet, in order to maintain arterial pressure and prevent the resorption of morbid products, intra-venous injections must be continued. However this may be, it is but reasonable to suppose that when the symptoms do not abate, resorption is still in progress and a repetition of the salines is necessary.





OPERATION FOR EPITHELIOMA INCIDENTALLY CURES PROSTATIC HYPER-TROPHY.

Mr. Southam, of Manchester, England, is reported in the British Medical Journal, as reporting upon the favorable effects of castration for prostatic hypertrophy. In one case the patient, for more than two years previously, had passed no urine, except by catheter. On the fifth day after the operation, which was performed as self-catheterization had become very painful, difficult and attended with hemorrhage, he began to regain the power of voluntary micturition, and he could now dispense with the catheter, the urine being passed in a feeble stream, with slight straining. To illustrate the effects of double castration upon the prostate, Mr. Southam also showed a patient, aged 71, on whom he had operated fifteen years previously for epithelioma recurring in the stump of the penis after amputation, both testes together, with the remains of the penis and the entire scrotum being removed. There had been no further recurrence, and on examination by the rectum at the present time, no indication of the presence of the prostate could be detected, its position at the neck of the bladder being represented by a depression or sinking in of the anterior wall of the rectum at this spot. The same journal quotes Albarran, in Presse Medicale, as drawing a discrimination between the effects of castration upon the contractility of the bladder, and upon the prostate, and between the effects upon the latter organ when hypertrophied and when normal. The writer has observed that in many cases after operation a rapid shrinking of the prostate is observed to follow in from one and one-half to two months. The glandular culs-de-sac, instead of being pressed together, are

found separated by large spaces into a series of independent glands. There is a degenerative disintegration of epithelium, which before disappearing takes on an embryonic type, but there is no proliferation of muscular or connective tissue; these appear abundant owing to the shrinking of the glandular tissue. Double castration causes atrophy of the normal, but not necessarily of the hypertrophied prostate, and evidence on this latter point is wanting. Clinically speaking, an atrophied prostate is one which has ceased to be felt by the rectum. But congestion accounts for at least one-third of the enlargement, and relief of retention where it exists is usually due to the diminution of this. Diminution of the volume of gland admits of increased vesical contractility, and thus aids in relieving or curing the retention. The value of operation lies in securing these results. In dysuria without retention, where the vesical and prostatic congestion causes frequent micturition, though castration gives relief, any measures for the diminution of the cystitis also relieve, and operation is unnecessary. In acute retention, the operation is not called for. In incomplete retention, benefit is obtained for the reason that as the prostate becomes atrophied, the bladder acts with greater freedom. In chronic complete retention, complete cure often results, if there is no marked thickening of the walls of the bladder.

-Jour. Amer. Med. Assn., May 23, '96.

RETROPERITONEAL LYMPHAT-IC CYSTS.

Narath reported two cases. One was in a man of 42, the fullness being larger than a child's head; appearing in the right flank and extending up in the renal region, and from the diaphragm down to the arcade of Fallopius. It had a distinct

fluctuating sensation. Incision; lumbar puncture. Death by septicemia. The cavity of the cyst contained four litres—five quarts—of liquid chyle.

His other case was in a young woman of 22 years. The tumor descended down over the anterior aspect of the thigh. It was partly reducible. There was no neoplasm in the peritoneal cavity. On section over it and exposure it was found to take a course upward under the femoral vessels, back to the lumbar vertebrae. (Result of operation not stated.)

-Mescredi Med. Vend, June, '96.

A RING ON PENIS FOR FOUR-TEEN YEARS.

A most extraordinary case of a ring buried in the penis for fourteen years has been reported in the Bulletin Medical. In September last Doctor Leflaive was called to a patient who complained of not being able to urinate except by drops and with exquisite suffering. On being questioned the patient confessed that when twelve years old, at school, he passed his penis through a brass curtain-ring, when the organ swelled considerably, so that the ring could not be withdrawn. In spite of his sufferings the boy kept the matter quiet. By degrees the ring ate its way through the skin into a circular groove, and in course of time the parts healed completely over it, so that it was lost to sight, his sufferings being all the while intolerable! Twelve years afterwards the patient married, but at the first attempt to fulfill his marital duties the penis became greatly inflamed and contact very painful. He bore valiantly with his infirmity for two years longer, but at last had to appeal for medical aid. When examined, the prepuce and the glans were found to be enormously swollen and of a phlegmonous aspect. It was impossible to find the meatus, and all attempts at catheterism increased the agony. About the middle of the penis could be seen a circular white band representing a cicatrix, and at this point could be felt the ring embracing the cavernous bodies.

After having chloroformed the patient, Leflaive made a longitudinal incision through the dense cicatricial tissue, which gave issue to a certain amount of pus; at the bottom of the wound could be seen the ring. A director was passed under it and the foreign body was cut through by means of bone forceps and thus removed. The patient recovered quick-

Nowhere else in the annals of medicine can be found a case of a metallic ring thus buried for so long a period without calling for surgical interference.
—Medical Press and Circular.

INTESTINAL AND PERITONEAL WOUNDS.

Dr. Bedford Brown, in a paper before the Southern Surgical and Gynecological Society, gives some interesting figures concerning wounds. In one hundred and thirty stab wounds of peritoneum coming under his care, the intestine has been wounded in less than one-third. Stab wounds differ from gunshot wounds in being cleaner cut, nearer as a rule to external wound, not usually so tortuous, and for these reasons easier to find. The colon is more liable to injury than the small intestine, but such wound produces less shock than a like wound of small intestine. A comparison of the wound made by different weapons show sabre and bowie knife wound rapidly fatal from hemorrhage, stiletto wound from intestinal perforation and peritonitis, and bayonet wound least dangerous —the weapon, blunt at point and sides, often passing quite through the abdomen and out at the opposite wall without injury to intestine, and with rapid recovery. For diagnosis of perforation the writer would enlarge the wound, if necessary, sufficiently to introduce the finger, and by touch and the odor brought out on the finger determine perforation, or, this proving negative, would irrigate the cavity through this opening, and as the water returned look and smell for evidence of perforation and hemorrhage.

-Memphis Med. Monthly.



ICHTHYOL IN FISSURE OF THE ANUS.

Dr. A. Van der Willigen, of Rotterdam, has found this remedy very useful in the complaint mentioned, cures being brought about in from eight to ten days. He gives liquid food and small doses of castor oil during the progress of the treatment.

-Provincial Medical Journal.

NEW METHOD OF ADMINISTER-ING CHLOROFORM.

M. Rosenberg contends that the dangers to both heart and respiration are occasioned reflexly by the irritating action of the chloroform on the terminations of the trigeminus distributed to the mucous membrane of the nose, that the same is true of any other anesthetic taken through the nose, and that this may be obviated by first anesthetizing the mucous membrane of the nose by using cocaine, which is an antidote to chloroform. Having tried this method in fifty cases he concludes: 1. The commencement of anesthesia is less disagreeable for the patient, who never makes defensive movements. The excitement stage is often wanting, and is always slight except in cases of alcoholics. 3. During anesthesia it is very rarely a patient vomits, and if vomiting does occur there is little retching. 4. Upon awakening, the patient experiences no disagreeable sensation, and is not haunted by the smell of chloroform or ether. The method pursued is as follows: The patient is directed to blow his nose in order to clear the mucous membrane, then, leaning forward or sitting (never lying), to snuff a centigram of a powder consisting of ten per cent. of cocaine hydro-chlorate and some inert substance. Repeat in about three minutes and commence general anesthesia. If

the operation is prolonged, repeat chloroform continuously drop by drop.

-Berlin kl. Woch.

CORNEAL ULCER AND ABSCESS.

In a series of cases of corneal ulcer, some of which were complicated with hypopyon, Gallemaerts, of Brussels, obtained excellent results with airol. Applied directly, it gives rise to considerable, although only momentary, pain. To obviate this, Gallemaerts makes use of cocaine as a preliminary, and then applies the airol to the ulcer, covering it completely with a layer of the drug. Under this treatment there is a rapid disappearance of the hypopyon, and the ulcer soon cicatrizes.

-La Semaine Medicale.

COFFEE IN STRANGULATED HERNIA AND INTESTINAL OBSTRUCTION.

Guerin gives an account of a number of cases of his own in which the following treatment has been successful: Make an infusion of two hundred and fifty grams of coffee in twelve cups of boiling water. Administer a cupful every fifteen minutes until eight have been taken, then give the remaining four cupfuls at intervals of half an hour. Four hours will effect a reduction. The coffee may be given per rectum or caffeine by subcutaneous injection when it is impracticable to give by way of the mouth.

-Archives de Medicine.

DERMATOL AS A HEMOSTATIC.

Dr. Hecht has applied this material in hemorrhage with the best results. Originally he used it in bleeding from the conjunctiva after removal of a pedicellated polypus from the eyelid. If the bleeding is severe the dermatol must be applied with pressure on a piece of cotton wool. In

a case of fissure of the tongue and one of tooth extraction, the means proved successful after simple plugging and perchloride of iron had both failed.

—Therap. Monatsch.

POISONING BY GLYCERINE AS A VEHICLE FOR IODOFORM.

Dr. Schellenberg would reject entirely the use of glycerine as a vehicle for iodoform in its local use, as it is capable of giving rise to decidedly disagreeable or even fatal results. He would at least advise great caution in employing it on extensive wound surfaces or in large cavities. He would regard ten ccms. as the largest quantity to be used in children and twenty to twenty-five ccms. in adults. Glycerine is capable of provoking all degrees of renal irritation from reddish discoloration of the urine, with presence of red blood corpuscles and casts, to a state of collapse with uremia and death.

-Hospitals Tidende.

TAKA-DIASTASE.

All experiments with taka-diastase should be made in view of the fact that the disastatic ferment is very susceptible to heat, and the value of diastase is likely to be greatly impaired, if not destroyed, by the use of heat in any process or manipulation.

WHOOPING COUGH.

Otto Fiertz has treated seventyfive cases with bromoform with very good results. Large doses are required and well-borne-for children under ten years he gives every eight hours (or, if rest is much broken, every six hours) a dose of two drops more than the childs's age in years; a child of three, e. g., gets 3 and 2, which equals 5 drops in each dose. If in a week no improvement is shown, the dose may be increased by one drop. With these doses the author considers the medicament a specific. It must be given in sweetened water, care being taken that the whole dose, whether dissolved or not, is swallowed

-Corresp. Blat.

TREATMENT OF THE EXANTHE-MATA.

Armstrong concludes—1. That antiseptic inunction does not exert any specific power over infectious diseases. 2. That it has but little, if any, power in preventing the spread of infection. 3. That cases treated thus are more subject to complications.

-Medical Magazine.

ALCOHOL IN CHILDREN.

The risk of alcoholism must always be considered in ordering alcohol for children, and where there is a history of alcoholism in a child's antecedents it is best to avoid it altogether. Dipsomania, generally hereditary, occurs both in boys and in girls, in the latter especially about the time of the first menstruation. Delirium tremens has been seen at five years old, and cirrhosis of the liver, with definite history of abuse of alcohol, at three and one-half.

-Moreau.

PROPHYLAXIS OF OPHTHAL-MIA NEONATORUM.

Buden, of Paris, uses Crede's method only, making the silver nitrate solution one to one hundred and fifty instead of the usual strength. Among two thousand and four children treated, only two had real purulent ophthalmia, seven had a slight form of catarrh. This weak solution can be trusted to nurses.

-Prog. Med.

SELF-DOSING.

Self-dosing is a passion with some people. The hypochondriac recommends a new medicine that he supposes has helped him. Thus new centres of self-dosing infection arise. A recent death in this city from nitrite of amyl, self-given, is a recent illustration of the dangers of the habit. The nitrite is useful in professional hands. As a spinal and heart poison it may cause death almost instantaneously if given without knowledge.

-Am. Med. Review.



INSECT STINGS.

A paint for the stings of insects, in which ammonia is kept in close and prolonged contact with the affected part, is said to be made as follows:

Water of ammonia. . . dr i
Collodion. M xx
Salicylic acid. gr. ii. M. Sig.: A few drops to be applied to each bite or sting.

CHRONIC CONSTIPATION IN CHILDREN.

Dr. Starr, where the ordinary remedies usually fail, has found the following suppositories of service:

R. Ext. belladonna.....gr. ss
Aloes.....gr. ix
Cacoa-butter.....dr iss
One or two a day, introduced in the

rectum. -Medical and Surgical Report.

ATROPHIC RHINITIS.

Dr. John Dunn, of Richmond, Va., recommends in the New York Medical Journal:

Vaseline.... M. Sig.: Nose-salve.

The application of this is made by placing a small piece of the salve in one nostril; then, closing the other. the patient draws in his breath forcibly. This salve, although it reaches only a small portion of the diseased areas, proves, in many cases, very grateful to the patient.

HAY FEVER.

Ung. zinci. oxidi. oz. ss.
Sig.: Apply thoroughly to the nostrils on cotton attached to a probe.
—Medical Record.

Aristol is said to be composed thus:

 Iodi
 98 grs.

 Potas, iodidi
 129 grs.

 Thymol
 212 grs.

 Sodæ caustic
 309 grs.

 Sol. calc. chlorinatæ
 q. s.

Dissolve the first two in 8 oz. aq., the next two in 8 oz. more; then mix both solutions in a 1-2 gallon glass

vessel in which they can be stirred briskly while gradually adding solution of chlorinated lime. Be careful towards end so as to leave it only in slight excess. Collect on a filter, and dry in warm place.

C. and D.

THREATENED ABORTION.

Antikamnia.... gr. vi Fld. ext. viburnum. prun.dr. i Morphin. sulph. gr. ½ M. Sig.: Repeat in three or four hours.

-Am. Gynecol. Journal.

WARTS.

R. Trichloracetic acid.....9 parts Or,

OPHTHALMIC OINTMENTS

Dr. Allen Jamieson speaks highly of the following ointment for preventing adhesion of the lids during the night:

Lanolini (Liebreich).....dr. iii Ol. amygydalæ.

Aq. destillat.....dr. aass. For ordinary use it is well to add two grains of boracic acid. To the same base other medicaments, as the yellow oxide of mercury (two grains to the half ounce), may be added. It is found to be cool and unirritating in

-Brit. Journ. Dermatology.

CORYZA.

Grams. R. Ichthyol.... 1 Ether Alcohol......aa 1 Distilled water......97 M. Sig.: To be sprayed into the nose. —Le Progres Medical.

CORYZA.

For aborting a threatened cold: R. Pulv. camphor.....gr. ½
Ammonol.....gr. 5.
Take one such powder every two or three hours.



CHRONIC GASTRITIS OF LONG STANDING, WITH PERIODIC ATTACKS OF MIGRAINE.

From Medical Summary of Philadelphia, Pa.
Report of a Case by George A. Curriden, M.D., of Chambersburg.

The herewith reported case is one of double interest, inasmuch as the patient has been under my care for a number of years, and previous to the commencement of the present treatment, I have been unsuccessful in affording much relief or preventing the recurrence of the frequent and periodic attacks of migraine, to which she had been more or less subject since early womanhood, the cause of which I could not account for, more than "a habit long continued," aggravated by gastric catarrh.

The history of the case is briefly as follows: Mrs. A., age 55, since early womanhood has been subject to periodic attacks of migraine at intervals of two, three or four weeks, but seldom free from them for long-

er intervals.

An attack comes on by general malaise, of usually a day's duration, repugnance of food or drink, marked drowsiness, much depression with request for rest and quiet, followed by complete physical prostration, dull frontal headache, which the least noise or disturbance makes the more intense, invariably accompanied by violent and frequent attacks of vomiting and retching, inability to retain any food or nourishment of any kind, retention of bowels, often cold sweats, pulse somewhat slow and weak, and small in volume, this condition, lasting usually two days, followed by gradual cessation of symptoms.

During the whole period, of usually four or five days' duration, she

is unable to take nourishment of any kind, remains constantly in bed, and desires only complete rest and quiet. The previous treatment has been so varied, and on so many different plans, that I refrain from mentioning them.

Two years ago I was able to prevent an attack for over two months by the use of strychnine in 1-20 grain doses, t. i. d., with careful diet and

artificial digestion.

In May, 1895, I put her on Charles Marchand's "glycozone," in teaspoonful doses, well diluted, t. i. d., using this, as all other previous remedies, experimentally; she commenced to improve much in general health, an unusually good appetite, without the previous distressing symptoms, following a more regular movement of the bowels, freedom from headache, and in every way a decided improvement; this improvement and enjoyment of good health lasted during continuation of above treatment for over three months. Unknown to me she stopped taking the glycozone, thinking herself perfectly well. In a few weeks had a return attack, milder and devoid of gastric distress. A similar attack, two months later, both of which occurred some weeks after stopping the above-described treatment, and I might say, caused by imprudence in diet.

The conclusion come to, in this case, is that the headache is sympathetic, that the stomach becomes acutely inflamed by its inability to naturally and properly perform its functions, and responds to the call of nature to unload itself, and thus secure for a time rest, that the use of glycozone has corrected the existing gastritis, and by so doing has removed the primary cause of these

many years of suffering.



HEALTH AND SCIENCE.

Professor Hebra, of Vienna, asserts that the sun does not produce freckles. They never appear, he says, in children under the age of 6 or 8 years, whether exposed to the sun or not.

The physician and hygienist, Sir B. W. Richardson, recently expressed his decided opinion that if men and women in general properly understood and steadily obeyed the laws of their being—physical, intellectual and moral—70 per cent. of them would live to 110.

An acute musical ear will detect so slight a difference in tone between two notes as the one sixty-fourth of a semi-tone. This means that in the eleven octaves that the human ear compasses there would be at least some 8000 or 9000 consciously different notes.

By actual measurement of fifty skeletons, the right arm and left leg have been found to be longer in twenty-three, the left arm and right leg in six, the limbs on the right longer than those on the left in four, and in the remainder the inequality of the limbs was varied. Only seven out of seventy skeletons measured, or ten per cent., had limbs of equal length.

-Chicago News.

SUGGESTIONS FOR THE NURSERY.

There is a particularly durable sort of cracker on which end-of-the-century babies learn to cut their teeth. It is made in ring shape, and may be tied about the young person's neck by the customary string. The cracker is supposed to be free from whatever injurious qualities the silver, ivory or coral rings possess.

Modern mothers of the advanced school keep their babies out of shoes as long as possible. Barefooted babies are a positive fad. The longer the day of shoes is deferred the more perfect the shape of babies' feet and the better their health. They are hardier and more vigorous the more they are exposed. Even when it becomes absolutely necessary to put shoes on the little feet it is better to put on chamois skin or worsted ones than regular kid ones, made with hard soles.

Babies' night dresses should be made so that there is no possibility of the small wearers kicking off their clothing. To secure them the gowns should be made long, with a hem wide enough to admit a drawing string, by which the gown may be drawn into a bag.

A baby is very often in its carriage for several hours at a time, so it is very important to see that the springs are arranged to counteract the jolting caused by crossing roads or passing over stones. You notice a child's head rolling from side to side in a perambulator, while it tries in vain to find a resting place to get sleep. Again, you constantly see a child too young to sit upright in a carriage slipping down from the seat, and just caught on the chest by the

strap, while its limbs are jogged about in a terrible manner. You all know the discomfort of a stiff neck caused by lying in a strained position, and should endeavor to make small, helpless children cosey and comfortable. After all, with the exercise of a little common sense, this is easily done.

The care of the babies' bottle is one of the most important rites in the family where an infant lives. A bottle with a long rubber tube is not used by any mother who has proper affection for her child, because it is almost impossible to clean it. Even the rubber cap is difficult to clean. It should be turned inside out and scalded after every using.

Unless a baby is delicate, it should have its constitutional every day, in spite of the weather. On rainy days it should be wrapped in a heavy cloak and carried in its nurse's arms around the piazza for half an hour or so. Of course, on bright days the entire afternoon should be spent in the open air.

SEVAE NOVERCAE.

The traditional stepmother has not apparently become quite extinct as a species if one may judge from two horrible cases reported this week from Hastings and Epsom respectively. At an inquest at the seaside town on an infant named Batt two witnesses alleged that the deceased's stepmother had said she wished "the little ---- was dead," and a third said she saw her throw it up in the air and catch it with the remark, "Die, you little ----, and I will have your insurance money," a paltry forty or fifty shillings. The Coroner said he had never seen a child with so many bruises, and the jury in the absence of direct evidence returned an open verdict, death having been the result of an injury to the head. They added their opinion that the woman's conduct had been inhuman and cruel and such as demanded some punishment which it was not in their power to give. The termination of the other case was a great deal more satisfactory. A woman named Mary Frost was charged, at the instance of the National Society for the Prevention of Cruelty to Children, with cruelty to her two stepchildren—a boy and girl of eight and nine years respectively. They were beaten severely with a stick while in bed, and after their father had gone to work, for "stealing" sugar. Then the woman put a poker in the fire, and when the poor children came down to breakfast they were made to stand up and put out their tongues. The woman then put the red-hot poker so close that the children put up their hands to save themselves and were severely burned. The woman pleaded that this was a recipe of her own to cure lying. This reads so unpleasantly that it is a relief to turn to the remarks of the chairman. He characterized the punishment as excessive and the threats as atrocious. A fine the Magistrates considered would be no punishment, for her husband would pay it; the woman would have to go to prison for a month. Stepmothers, he added, must be taught to treat children properly.

-Lancet.

A doctor of Brenham, Texas, was recently horsewhipped by a young lady because he was so unpleasant. —A doctor living in Amsterdam, Mo., has been threatened with tar and feathers if he doesn't leave the town. This just at the beginning of the cold season.—Two doctors of Paris, Texas, had a fight, characterized by the local press as "bitter." One used a knife; but the other a fence rail. To the latter we should say, "Ne sutor ultra crepidam."—A doctor in Petrona, Ind., was shot by one of his patients, because he, the doctor, would -or would not-(the account is vague) give the patient a hypodermic injection. The gun is sometimes mightier than the hypodermic.— The South African Press advertises that there is a good opening for "a sober, steady and handsome bachelor doctor" in one of the Transvaal towns. Send photo.

-Am. Med. Review.

CARE OF THE SKIN.

To be really clean a healthy woman should take at least three hot baths a week at night, if possible; and every morning in the year she should take a cold sponge bath from head to foot.

For the hot bath the water should have in it a few drops of ammonia and should be as hot as the hand can bear it; the other accessories should be a flesh brush, a piece of Castile or other pure soap, a Turkish wash cloth, a fine towel and a rough crash towel.

The body should be thoroughly scoured and rubbed, and after the cleansing process the latter should rinse in water, which, cooling by degrees, should at the last be quite cold. Then the drying process should be equally thorough, and the body should be rubbed till it glows and

tingles.

To bed, then, if possible, and after the brisk sponge bath in the morning, followed by another stimulating rub, the disciple of cleanliness is convinced that her doctrine is a sound one, and she goes about her daily work with light heart and will-

ing hands.

Now a word as to the almost unknown art of washing the face. Most women perform that operation as if cleaning an oil painting, which they fear to damage; they wash it lightly with a soft cloth, guiltless of soap, rinse carefully and dry hastily-all of which leaves them still with a dirty face. The proper way to wash the face is this—a way which requires time and patience: The requisites for the process are a basin of hot water, a piece of fine soap and a soft linen cloth. Wash the face thoroughly, but gently: rub each part separately; begin with the forehead. Rub with the soapy cloth and wash well into the roots of the hair; then rub the nose, and never mind if it does redden temporarily, and so on to the cheeks, chin, etc., till the face is aglow. Lather them in cold water for at least ten minutes, so that the muscles which the hot water has left somewhat lax may be thoroughly tightened again.

Cold cream is also an excellent aid to cleanliness—after a long, dusty walk, or day in the city, rub some pure cream into the skin, and leave it on the face a few minutes; then wipe it away with a soft cloth and the accumulation of grime and dust removed is appalling.

In addition to the daily care bestowed upon the face, it should have special treatment once or twice a month, which one may easily do one's self, though the services of a trained complexion specialist in steaming and massage are very desirable when

one has money and leisure.

But for home treatment the following will be found both effective and satisfactory: Have a small kettle of water boiling over a gas flame, or alcohol lamp; cover the head with a towel and the eyelids with cotton, to protect the eyes from the heat; then sit before the kettle with the steam puffing out into the facenot too near-for at least fifteen minutes. At the end of that time, when the face will be dripping, wipe carefully with a soft cloth and rub a small quantity of cold cream into the pores—then proceed to massage the face, kneading gently with the finger tips in a sort of rotary movement, taking care to rub upwards and backwards, as the muscles of the face loosen with age and fall forward, especially those about the mouth and chin; lines there should receive special care, as they are much more disfiguring than the muchdreaded ones about the eyes.

Knead gently for half an hour, then wash again with warm water to remove all grease, and finish by a cold face-bath.

Lie down, if possible, for an hour, with the features in perfect repose, and when you get up you will be surprised at the result; the tired, worried look, so common to women past 30, will have vanished for the time, and the soft, healthy glow of girlhood will seem to have returned.

Diet, too, as well as cleanliness, is an important factor in the preservation of the skin.

-Philadelphia Record.

The Times and Register.

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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 Betz Building, Philadelphia, Pa.

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TUBERCULAR PERITONITIS. *



BY DR. C. D. PALMER, CINCINNATI, O.

This case is especially worthy of report because it was an unsuccessful case. The patient died. I think our society would be promoted more if unsuccessful cases were reported, and not simply reports of cases in which operations were done, and we hear nothing of the results. Often the patients recover, but the remote results are not good.

Last spring Dr. Zinke was absent from his service at the German Protestant Hospital, and requested me to look after his patients there. One day I was asked to see a patient who had been received in the medical ward and had been tapped, on the supposition that it was a case of abdominal dropsy. Two bucketfuls of fluid were drawn off the abdominal cavity, when it was found there was something back and beyond, which at first was supposed to be a pregnant uterus. The patient was a woman reduced in flesh, and I supposed that, in view of the fact she looked so badly and was distended so much, that it was a case of malignant disease of the abdomen. Consequently, I suggested an operation, and in a few days made the operation, assisted by the House Physician. I believe Dr. Evans was also present.

Upon opening the abdomen and drawing off the ascitic fluid which had reaccumulated I came down to a tumor, partly cystic, but largely solid, involving the left ovary. It was exceedingly livid in color, and rough and granular on the outside, which granular condition extended

^{*} Reported from the Cincinnati Obstetrical Society.

to the abdominal walls. It looked like a case of tubercular peritonitis. This was, also, the opinion of Dr. Evans. A specimen was given the microscopist of the hospital, who stated subsequently that it was malignant. The woman did well, but slowly recovered. The abdominal incision where the tube was, which was removed the fourth day, did not close by first intention. The wound kept discharging even after the woman left the hospital. She returned regularly and was attended to by the House Physician.

Some months later, owing to some over-exertion in lifting a wash-tub, she ruptured the abdominal wall at the line of incision, and a large ventral hernia gradually formed. About two weeks previous to our last meeting, when I intended to report the case, she filled up again, and it was evident that another coeliotomy operation must be done. It was not then supposed she had another abdominal cyst. Having drawn off perhaps half a bucketful of fluid I saw it was not so livid as before, and on section the other ovary was found cystic, enlarged to the size of a foetal head, tubercular or the outside. This ovary was noticed at the time I took out the other diseased ovary, and it was then of fair size and apparently healthy. I thought, at the time I made this last operation, it would be a good time to put into practice a method of procedure which I consider to be the best one to correct these cases of ventral hernia. I washed out the peritoneal cavity with hot salt water, put in a drainage tube, and also excised all the relaxed tissue where the ventral hernia had occurred, and passed numerous silver sutures through the abdominal wall, taking care my needle went through the abdominal wall uniformly, drawing to the line of incision all the layers of the abdominal wall. I also tacked together the peritoneum, from top to bottom, down to the drainagetube, with catgut sutures, buried.

The three points I wish to draw attention to are these:

1. What has been the experience of members of the society as to the final or temporary relief of tubercular

peritonitis by operating and drain-

age?

I have had relief always, but in time—always from three to eighteen months—there has been a slow reforming of the ascitic fluid, and finally death. In one case the woman lived in fair health eighteen months. But I have never had a complete or permanent cure.

2. How many times has it been noticed that a second ovariotomy has been rendered necessary, in the same case, by the formation of the cystic condition upon the other

ovary?

In this case, for instance, a second ovariotomy was done. Most of the tumor was solid, and I do not think it was malignant, although the microscope seemed to indicate it was.

3. What is the best method of treating cases of ventral hernia? Is there any better way than to tack the peritoneal surfaces together with catgut, and make a suture with silver wire to bring together all the layers of the abdominal wall? To cause a thorough juxtaposition of all the layers of the abdominal walls is of prime importance.

Now, in regard to those three points, I would be glad to hear from the members of the society.

Dr. A. W. Johnstone:—Doctor, did you bring the wire through the skin?

Dr. Palmer:—Through the skin and everything. I pulled it out so all the layers of the abdominal wall were brought together in their normal relation.

DISCUSSION.

Dr. E. Gustav Zinke:—The case is certainly one that impressed me very much at the time I saw it, inasmuch as it was the second operation made necessary by the recurrence of the trouble, and presented numerous difficulties, such as one would naturally expect in a second operation, but which were, in this case, more marked because of a want of union in the line of the first incision, the wound having united apparently only in its peritoneal and integumentary borders. The whole of the cicatricial tissue representing the old incision had to be cut away in order to obtain and unite, at the second operation, the fascia and muscle.

My own experience has taught me that, every now and then, in the closure of the wound with the "through and through" suture, the fascial borders of the incision are not brought into perfect apposition, and, although you have primary union to all appearances, subsequently separation in the aponeurotic edges of the wound takes place. Immediately after the operation, and when the patient is dismissed, the line of union appears to be perfect, but within a year or sooner, and sometimes later, the width has increased to perhaps half an inch, which, to me, is indication of failure of what seemed at first perfect and permanent union. recently used the silver wire buried sutures, with very satisfactory results indeed. I first saw it employed at Baltimore in Howard Kelly's clinic. It is a modification of the Halstead suture. The peritoneum is first closed with a very fine and continued silk suture; the aponeurosis is then united by interrupted silver wire mattress sutures and the integumentary border of the wound with a continued subcutaneous silk suture. The latter (the only one taken out) is removed about eight to ten days after the operation. I have been agreeably surprised at the marked and undisturbed union which results from this mode of suturing. Not in a single case have I seen suppuration occur. The union is simply perfect—so perfect, indeed, that men who have not seen it may well doubt whether the abdominal cavity was ever opened. It is utterly impossible for separation to take place as long as the aponeurosis lasts.

Dr. S. Stark:—I do not know that I have very much to say in connection with the case reported this evening. I simply want to add my opinion to that of the reporter, namely, that I also consider the case reported to be one of peritonitis due to tuberculosis of the ovary. The subsequent infection of the opposite ovary would speak for that condition. It is hardly likely a similar condition would be found in the opposite ovary, if due to malignant disease. We would ex-

pect a malignant tumor to present itself in the peritoneum, in place of the ovary, as a recurrence or continuation of the original trouble.

Now, in regard to the mode of suturing the abdominal wall after laparotomy, I believe it is more the care we give to the peritoneum than the fascia, muscle or skin, which determines the subsequent condition of the wound. If the peritoneum is not. folded outward nor becomes interposed between the lavers of fascia. we will get a good result, and for that reason the separate suturing of the peritoneum is a very good procedure. The fascia will unite to fascia of a higher or lower plane, but fascia will not unite to peritoneum, and for that reason it is well to take good care of the peritoneal layer. It is my custom simply introduce one suture through the whole abdominal wound and bring it out very close to the edge of the peritoneum, and in that way prevent any interposition of the peritoneal surface between the fascia, and that is all that is necessary. If we are careful I believe we will get good union and not meet with any ventral hernias.

Dr. Edwin Ricketts:—I am of the opinion of the last speaker, that this was a case of tubercular peritonitis, and I have only one word in the line of—you may say—criticism, and that is this: I do not think tubercular peritonitis has even been confined to one ovary or tube, and for that reason I think Dr. Palmer would have been justified, in the first place, in removing the opposite ovary also.

The treatment of abdominal incisions has recently been gone over by the German Gynecological Society, and I see the concensus of opinion is that if you are careful as to the through and through suture, with the peritoneum and skin properly brought together, that is sufficient. It has been my misfortune in the work of the last few years to have four hernias, and I have never used anything but the through through suture, which we who were the followers of Tait were led to believe was as good as any we know of. I gave up the Chinese silk within a year after being in his clinic and began to use the heavy catgut. As to the number of cases of tubercular peritonitis I have had under observation, I think they number four. While there was prolongation of life, with possible comfort, the end was near in all cases.

Dr. Zinke:—Permit me to say one word more in reference to the best mode of closing the abdominal wound. If I had had such an experience with the so-called through and through suture as the last speaker I should certainly feel as though I wanted to abandon it. Not to my knowledge has a hernia followed any of my own abdominal sections. adopted but recently the Halstead method as modified by Howard A. Kelly, simply because of the splendid results I have had an opportunity to observe visiting with this gentleman last spring; and also because I have an idea that some of my cases, operated upon years ago, will eventually develop hernia, for reasons already given. Herniae do not always form within a year or two; they come on much later. If it is true that all you need to do is to get the peritoneal borders together and prevent infection of the wound, it seems to me that that may be easily avoided. Sometimes, however, it is exceedingly difficult to get into the peritoneal cavity, and while in search of the peritoneum directly under the incision you get, occasionally, more onto one side than the other; under such circumstances it is always difficult, and sometimes impossible, to bring the edges of all the layers of the wound into apposition by a simple "through and through" suture. With a buried suture it makes no difference whether the cut in the peritoneum is directly below the line of the incision or not. If the peritoneum has been incised more to one side or the other of the tissues overlying it, every one will of necessity experience some trouble in bringing the peritoneum eages perfeetly together by the old way of suturing. But if the buried suture is employed, the peritoneal edges can be readily apposed. The only objection I have to the Halstead suture (as modified by Kelly's first assistant) is that it requires so much time to apply it; sometimes more than the operation itself. Of course, at the Johns Hopkins time is no object. They have a number of skilled assistants, who nearly always close the wound after operation and attend to other minor details. Nevertheless, the suture has certainly a good many points in its favor.

Now as to the results in tubercular peritonitis. I happen to have on record an equal number of cases with Dr. Ricketts. All have come under my observation in the last five years. Two are still living. One died two years ago (two years after the operation) of typhoid fever. Another died six months after the operation of general tuberculosis. The peritoneum, mesentery and omentum were heavily covered with tubercular deposits in every one of my cases. In none of them was anything done after opening the abdomen, except to expose the peritoneum, irrigate the cavity and close it in the ordinary Recovery, without an untoward symptom, and improvement locally and generally, was the immediate result in every instance. last was operated upon December 31, 1894. This seemed the most hopeles case of all. She recovered very slowly from the effects of the operation, but she is now up and about and daily growing better and stronger. One of the two cases still living resides on Baymiller street, just north of Clark, and I am sure she would not object if any of the members of the society were to call on her to make an examination. In this case my diagnosis was multiple subperitoneal fibroids. Upon opening the abdomen I found large nodules of tubercular masses, from the size of a goose egg to a millet seed, within the mesentery and upon the omentum, parietal and visceral peritoneum. The peritoneal cavity was thoroughly irrigated with sterilized warm salt water and the wound closed with a drainage tube left in situ. This patient is to-day absolutely well.

Dr. Palmer:—Was she ascitic? Dr. Zinke:—Moderately so; there was perhaps a pint and a half of clear fluid in the peritoneal cavity. This patient is at present a picture of health; she eats and sleeps well, has no physical discomfort, smiles when you meet her, and is withal a happy and contented woman. It is one of those cases in which we obtain a great deal of credit for having done very little. The operation was performed two years ago.

Dr. Ricketts:—I would not have it understood for a moment that I am opposed to operation and washing out the cavity in tubercular peritonitis

Dr. A. W. Johnstone:—I want a few words on this subject, as I have had some experience with cases that would be considered tubercular peritonitis. About 1887 I wrote a little paper on these growths and classified them as malignant, simple papillomatous, and tubercular. My experience simply bears out that paper. The thing that caused that paper was that I had operated upon a case of small tumor, which I found papillomatous all over, and the peritoneum covered with papilloma. Under the microscope it presented the appearance of a wart. I saw several such cases while in Birmingham. I have seen four or five of these cases of papillomatous growths in the peritoneum. I am not enough of a bacteriologist to tell whether they are tubercular in origin or not. Just what it is bacteriologically I do not know, any more than I believe they know the bacteriology of papillomata of the skin. Mr. Tait, in his book, spoke of it, and it would be simply threshing over old straw for me to speak of it here. I have myself operated on several cases, and they have all gotten well and are well to-day. True tuberculosis of the peritoneum, though, I have seen some six or eight times, and they are all living, so far as I know. The first case I operated upon in 1887. The patient was an enormous, great big negro woman, with six or eight gallons of fluid in her abdomen. The abdomen was filled with semi-purulent stuff. I put in a drainage tube and for ten days her life hung by a thread. It seemed the whole peritoneum was sup-purating. After the operation she gained about one hundred pounds. For ten years she lived across the

street from my old home, and did the cooking and work of the whole family. So there is a bad case of tubercular peritonitis which got perfectly well, and is well to-day. I have had several other cases which have all recovered after operation and did well.

There is another form of peritonitis, which I have seen more of lately, and that is tubercular invasion of the appendages, with a slight invasion of the peritoneum and without any adhesions. One case I operated upon about a year ago. After getting her through I put her on creosote. She has gained about twenty pounds, and is apparently perfectly healthy. So I think in that class of cases, whenever you have an invasion of one side you must take out the appendages of the other side also, and perhaps it would be best also to take out the uterus. I opened an abdomen a second time, after another operator had taken out both ovaries, and, he supposed, the appendages, but I found he had left some of the tube behind. The patient is now in a bad way, with pulmonary consumption. I believe it is a secondary infection through the uterus, and I am sorry I did not take it out.

Now, as for the malignancy. My experience is that malignant tumors of one ovary are very apt to occur in the other, and whenever I have a suspicion of it being in one I take out the other at once. I am very happy to say I have never had to do a second ovariotomy, because whenever there is a suspicion of it having to be done I give the patient the benefit of the doubt and take the other one at the same time. I believe carcinoma will recur here just as in the breast. I do not mean to say we should always take out both breasts, but we all know how prone they are to occur in the other breast when one is affected.

As to closing the abdomen, I think what Dr. Stark has said covers the whole ground. I believe there are two points from which hernias arise: First, eversion of the peritoneum; and second, in missing the fascia with your needle. I have made it a point lately first to catch the peri-

toneum on both sides and pull it so I can see it well and keep the forceps on while the needles are going through. But, nevertheless, I have found once or twice I have missed the fascia, when I was very certain I had caught it. My percentage of hernias is a fraction of one per cent. of the whole, and all those have occurred around the drainage tube, when kept in from ten days to two weeks. I believe, in spite of stitching with silver wire or whatever you do, if you have a long drainage you will probably have a hernia, because you get a scar tissue, which is very likely to yield. Another thing, I do not believe we should get our patients up so soon. I hear some men talking about how soon their patients

are out of bed. Say what you please, it takes about twenty-one days for connective tissue to get strong, and you have no right to let the patient throw her weight on the cicatrix until it is strong. Do not let the patient get out of bed and throw her weight on the tissue until it is strong, for you can stretch a scar just as well as rubber and when once stretched it will not come back. As for the use of the abdominal supporter, even if I were to put stitches in so as to leave them permanently and used a drainage tube, I would feel very badly if I did not have an abdominal bandage.

Dr. Zinke:—I referred to the abdominal support we give these pa-

tients when they leave us.

LA FOLIE EROTIQUE.

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS.

Translated from the third French edition by F. E. Chandler, M. D.

(Continued from last number.)

We may, I think consider the two cases just described as two classic examples of "erotomania." By this word, invented by Esquirol, is meant a mental disease of essentially cerebral origin, in which the amorous ideas have a preponderant influence and are directed upon either a real person, an imaginary being, or upon several individuals at the same time.

Chaste insanity, typical erotomania, seems to inspire only pure sentiments, elevated thoughts and an exalted adoration for the object of its vows; it usually attacks subjects who are slightly unbalanced mentally, either through hereditary or congenital causes.

Our first patient, whose paternal heredity is free from blemish, was born of an impressionable and nerv-

ous mother, who had every symptom of a neuropathic state; when a little child she had convulsions, and this is a fact often noted in subjects predisposed to this kind of disorder.

Our second patient is the thirteenth child of a numerous family, whose father, a paranoiac, with systematized delusions of persecution. died at a very advanced age.

Most authors who have written on the subject say that the erotomaniacs are weak-minded and unintelligent.

I consider this an error; I have often seen erotomaniacs who were extremely intelligent. However this may be, the patient is usually quite reserved, and only attracts notice early in his disease by his peculiar actions when in the presence of the opposite sex.

Things remain usually "in statu quo" until the age of puberty, when a romance evolved from the depths of his imagination comes to light. The morbid propensities develop and amplify, but, in the great majority of cases, the erotomaniacs remain absolutely pure of all sexual contact, but we may say that the word "erotomania" is synonymous with "masturbation."

In the midst of these confused emotions that often mark the first period of adolescence, the imagination concocts a love escapade; often as a pretext to this fiction, a person of the opposite sex appears for a moment on the stage and becomes the central point of the drama.

In the greater majority of cases the lady is older than the patient, who may have seen her but an instant, and in the most unimportant

circumstances.

A young girl crossing the street meets a man who exchanges glances with her and disappears. Nothing more is necessary. The patient is sure that she is over head and ears in love with him, and without knowing her name or anything about her, she becomes the pivotal point around which all his life revolves.

In the midst of these dreams a nervous state developes, which is accompanied either by insomnia or dis-

turbed and uneasy sleep.

Continually uneasy, worried, pursued by his ideas, the patient becomes incapable of all serious work and often becomes a nypochondriac. It is on this ground, carefully and thoroughly prepared, that his insanity finally becomes evident. Some day the patient finds his ideal, and then the chain is complete. It is a curious fact that he always seeks some one of a higher social position than himself. The ladies of rank, the princesses and queens, have thousands of admirers who may be either bashful or venturesome in the extreme.

If queens have had adorers, there is a queen placed above all who has had more adorers than all the others put together. It is the Holy Virgin, Queen of the angels and Empress of the heavens.

For one who knows the function of ideas in diseased minds, there is no doubt that both the adoration sworn by so many priests to the Virgin Mary, and the adoration so conspicuous in the works of so many theologians, are the effect of an erotomania unknown even to itself; it is love of woman that speaks under the disguise of piety in the ardent worship of all these virtuous celibates. Their sexual continence predisposes them to this aberration.

What is the position of the patient in regard to the object of his passion?

From this point of view we may meet some who are circumspect and never try to make the acquaintance of the object of their adoration.

Occasionally, the timid lover shows his passion modestly. The greater number of erotomaniacs, however, go so far as to beg certain favors, and, as the social rank of the person loved is usually far superior to their own, they are often cruelly undeceived.

The first patient we examined was an example of this.

Erotomaniacs of this class may become nuisances, or even dangerous, as in the Teulat case, where a young man entered the household of the Duc de Broglie, as an instructor, fell in love with the Duke's step-daughter and became so much in evidence that he was dismissed. He still continued his persecution, following the princess everywhere, and, finally, throwing stones into the windows to attract her attention. This caused his arrest and confinement.

We are now crossing the Rubicon; we are passing the boundary line that separates sanity from insanity, and we enter directly into the realms of the latter.

The woman adored becomes the victim of a special persecution; her glances, words and gestures are proofs of her love for the patient, and her slightest movements are eagerly noted.

A new phenomenon soon comes to

aggravate and confirm the insanity.

Hallucinations, an important factor in mental derangement, make their appearance. The most common are those of hearing; the patient hears the voice of his beloved, who speaks with him, in colloquys ranging from disconnected words to long conversations. These hallucinations may give a most unexpected turn to affairs. One patient whom I had under observation at the clinic for a long while was an old maid, whose age should have excluded preoccupations of this kind. One day, while crossing the street, she met a gentleman, who glanced at her on passing. "He looked at me because he loved me," she said. From this moment, instead of persecuting her imaginary lover, she thought herself persecuted by him; she thought that telephones were placed in her bed-chamber, that he held long conversations with her by their agency, and that he invented Machiavellic plots to get possession of her.

She is frightened; her speech becomes incoherent; she raves, and it is in this condition that she was

brought to Sainte-Anne.

Even in the asylum, obsessions of this kind continued to attack her as did her hallucinations. Hallucinations of sight are much less frequent; those of the genital sense are much more frequent, especially in women, who, as is well known, are particularly subject to this kind of sensorial aberrations.

To the delusions already enumerated, ambitious ideas are often joined, especially when the beloved one is of high station. The liaison dreamed of by the patient will be the beginning of his fortune, the starting point of unhoped-for success, the foundation of his social position.

Here the delusion commences to change, and we see, almost invariably, some vague ideas of persecu-

tion make their appearance.

It then seems that this particular delusion has taken a course contrary to the one it usually follows; starting from ambition, it ends in the lypemania of the paranoiacs with delusions of persecution.

But before arriving at this stage,

the patient has already compromised himself; he writes passionate letters to his beloved; he pours out his delirium in senseless words, or very often passes from the word to the deed.

Our first patient went straight to the point with the decision of an old soldier; he called upon the girl's parents to ask her hand in marriage; this is not always the case. The patient is usually to be found wherever his inamorata may be, following her or watching beneath her windows.

The attentions of the erotomaniac are not always so reserved; they often take on a more aggressive form. Sometimes he throws stones into the windows to announce his presence, sometimes he speaks to the person he loves; occasionally he may be even more enterprising, until, finally, having made himself completely insupportable and ridiculous, he gets arrested and is transferred to our asylum. But, after sequestration, the delusions continue—the patient's ideas always pursue the same sequence; he never gives up his love and then the complications I have mentioned commence to develop.

Erotomania is often associated with religious mania; the great mystics of former times were examples of this, and we find in our asylums many absolutely analogous cases. This combination is more common in women than in men, and its form is, therefore, more discrete and concentrated.

The conditions in which erotomania is present are not such as to give hopes of amelioration. Patients with this disease are absolutely incurable; a raving maniac or a patient with pronounced melancholia may get well, but erotomaniacs never do. The disease may be intermittent, but is never cured, and, like religious mania, goes on to dementia almost invariably. Such will be, I very much fear, the lot of our two patients who have both gone some distance on this road.

Suddenly surprised by the news of is father's death, our first patient

fell into a state of mania that forced us to have him put in a padded cell; soon afterwards he fell into a state bordering on stupor. He came out of this well, and, for a short time, was perfectly lucid; he seemed to have abandoned his senseless projects and only asked to be allowed to leave Sainte-Anne to go to teaching again.

The flash of sanity was not of long duration, and to-day we see him in a

worse condition than before.

We are, therefore, forced, much to our regret, to give a most unfavorable prognosis, and we fear dementia, some symptoms of which already seem to be present. (This prognosis was confirmed later.)

Besides these forms of erotic insanity, that are absolutely pure and chaste, there are others and more serious ones of which I shall speak to you later on; but now, I wish to submit to you a few preliminary considerations.

There is a solemn time that comes in the life of every alienist who has . achieved a certain reputation; I refer to when he is called upon to give expert testimony before the Courts and decide upon the life and honor of his fellow-citizens. In this case the physician becomes the magistrate. When the patients are like ours, in whom insanity was present from their birth, the task is not very difficult, but it is not always so easy to come to a decision, and then it is not always easy to have one's diagnosis accepted by the judges and the public, for we often hear it said that alienists see insane persons everywhere.

It is often more difficult to know one's duty than to do it.

How may we distinguish an erotomaniac from a simple case of excessive love? We must carefully weigh all the circumstances that have, from childhood up, marked the life of the individual, and then, when you see a man pursue for years a senseless dream in all absurd ways you may declare from the very nature of these manifestations that we have to do with an erotomaniac and not with a simple lover.

(To be continued.)

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYSIOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

HEMOSTATIC PROPERTIES OF THE BLOOD.

(Continued.)

The marvelous results following major operations, in our country, in our time, are unprecedented in the annals of surgery.

Dr. W. E. Estes, of Bethlehem, Pa., has had unparalleled success in double, synchronous amputations, and in this class; and one observes all along the line a marked and positive diminution in the mortality. The same may be said of the surgical treatment of tumors

in the highly vascular areas, as the mammary-gland, and in cervical tumors; and this has been most notably the case in America. Now, how will we account for this? Is it because surgeons of the present generation are more adept than those of the past? No one will scarcely admit this. Is it due to antiseptic surgery? Most certainly not, for chemical solutions have long since been eschewed, on raw, mutilated tissues. Do we make a better showing with our statistics in America than our Europeau brethren, through a deliberate suppression of our failures? While all who are informed on inside matters, only too well known, that many of our best known surgeons are not always prompt to publish their failures, still we believe, that as a whole for professional probity and honesty, Americans are inferior to none.

Our unrivalled results can only be explained on one ground, viz., because as a nation, regardless of class or caste, we are the best fed in the world.

surgical technique and Asepsis, nursing are all important, but without a good constitution to work on, and an abundance of rich, nourishing food, they are quite impotent and useless. To insure success then, we must have a vigorous blood-current; rich in nutritive materials. Effective, prompt hemostasis is the prime and essential foundation of success in all operations which entail a division of the tissues; but in order to secure this the blood itself must constitute those elements which are necessary for coagulation and regeneration.

It is most extraordinary and remarkable how the blood resists the destructive influences of organic diseases in their earlier stages.

Thus, we notice, the increased plasticity of the blood in cancerous growths of structure in organs, enabling us to proceed with comparative security and safety in the most extensive mutilation of tissue, provided the main vascular channels have been closed, as one advances with a dissection.

This hyperplasticity of the blood is a most fortunate provision of the

economy, in malignant epithelial hyperplasia, enabling surgeons to make the most extensive vivisections, enormous breaches of structure, to sweep away whole organs, or even invade the very citadels of life itself, with singular impunity. With a view of studying this peculiar property of the blood, in cancerous patients, a year ago, several fresh specimens of blood were secured by me, from organs and structures, the seat of this disease. Most of them were taken malignant ulcers of the anus, the uterus and the mammary-gland, in different stages of the malady, and it may be said here, that as a rule, after the disease begins to generalize and the powers of life wane, the coagulable properties of the blood become very greatly reduced, and hence, hemorrhage is more difficult to control; in consequence of which, a large number of the afflicted finally succumb.

MORPHOLOGICAL EXAMINATION OF THE LIVING CANCEROUS BLOOD.

In all cases care was taken to preserve the natural warmth of the blood and examine it early after its withdrawal. To the pure blood, one third part of a 5-8 of one per cent. salt solution was added. This mixture was now so mounted on the slide of the miscroscope that the corpuscles were unfettered by the cover-glass, and when the tendency to coagulation was manifest, fresh serum was added.

The heat in the room was maintained at about 80 degrees, Fahrenheit.

One of the first phenomena to attract notice was the presence of an immense number of "ghosts," or groups of variously formed corpuscles without nuclei, which appeared everywhere over the field.

The next feature of special interest was the great abundance of hematoblasts, or those bodies so designated by Hayem and believed by him, to be one of the principal factors in the coagulation of the blood.

Leucocytes is active amoerboid movement were present, far in excess of their normal proportion.

Vacuolation of the red globules was marked, and, on close inspection un-

der high power, the outer layer of living matter, the so-called discsheath, could be seen, in many, undergoing undulatory contractions, in response to irregular expansion of the raticulated protoplasm within.

In fact, all the corpuscular elements of the blood manifested a peculiar activity never witnessed in that withdrawn from a healthy individual.

Many and repeated examinations of the blood from cancerous growths undergoing ulceration revealed practically the same morphological features; all of which pointing to the profound hemic changes, of a proliferous character, which participate

in that mysterious overgrowth of epithelia, in its primary stages, before the constitution is seriously undermined.

It may be worthy of note to mention the curious fact, that the blood which escapes from a peripheral cancer, in its early stages, is chiefly arterial; flowing in jets and in such quantities as soon exsanguinate, dehydrate the tissues, and leave the stamp of the characteristic cachexia. As the disease continues its inroads, the more highly organized artery gives way to larger venous radicles, which give issue to drak, tarry blood, which escapes on the slightest irritation, and now, as its plasticity is reduced it is not so readily controlled.





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THE BENEFITS OF CYCLING.

In an article which has been run in a serial form in the British Medical Journal, Dr. E. B. Turner gives, in the issue of June 20, a consideration to the effects of bicycling in diseases of the heart and blood vessels.

Some points covered by the doctor are very practical, and we are glad to indorse some of his views, as contained in the following:

"With regard to valvular disease of the heart, it is evident that all persons who suffer from lesions of the aortic valves should not be allowed to ride at all. The risk that any extra strain thrown on the damaged organ might be followed by most serious consequences is too great to be incurred. With regard to uncomplicated mitral disease, experience teaches that in a large number of cases actual benefit has resulted from a mild course of cycling exercise.

"In giving advice on this matter, the fact, mentioned in a former article, must always be borne in mind, namely, that the force necessary to propel the weight of the body on wheels is very much less than that which is required to carry it on its own legs; and that to ride four miles on a cycle is a far smaller tax on the circulatory and muscular systems than to walk one. If a sufferer from mitral incompetence in its early stages be allowed and encouraged to take gentle and regular exercise on either a bicycle or light tricycle, he will maintain his general health in better condition, and at the same time give the heart muscle amount of work which is necessary to prevent degeneration of its tissue, and thus retard dilation of the cardiac cavities. It must, of course, be a rigid law in such cases that no hills be ridden under any circumstances, and no speed attempted. Breathlessness must never be produced, and no ride attempted until an hour and a half after a meal. Under such a regime, great and lasting improvement has been observed in many persons, but, of course, each case must be judged by its surroundings and on its merits, and leave given or withheld, as seems good to the medical adviser. With respect to tricuspid mischief, no actual experience has been put on record, but it appears theoretically the wiser course not to experiment, but to carry on the treatment on the old lines. It is superfluous to point out that where aneurism exists, or when symptoms of angina are present, the bicycle must be "tabu," and that if the arteries show signs of atheroma the greatest caution must be inculcated, and in all cases of doubt the exercise forbidden.

"A weak heart-muscle per se is not an absolute bar to riding, and if the weakness depend on a state of want of "tone" and general "flabbiness," it may be much improved by the judicious use of the wheel, prescribed under such restrictions as are necessary when the mitral valves are at fault. If a condition of fatty degeneration be detected, or if the cavities of the heart are dilated, and their walls thinned, it stands to reason that nothing but harm can ensue from attempting a new and unaccustomed form of exertion.

"The only other diseases of the circulation which depend on some organic change, and are of interest to the present question, are those of the veins. Ordinary varix of the lower limbs, however produced, is very frequently much benefited by regular cycling, but if the enlarged veins be of considerable size, a stocking should be worn. Out of a very large number of such cases the writer has never seen the slightest increase which could be put down to riding, not even in men who faced long distances on the road and path, while in many cases of infiltration of the skin and varicose eczema, a perfect cure has resulted. A suspensory

should always be used if the rider has a varicocele, as a protection from injury by the saddle, when the roads are rough and lumpy. Piles diminish and cease from bleeding in a wonderful fashion by the time a few hundred miles have been judiciously covered, and though, of course, external masses must remain, they do not, as a rule, increase. No person is likely to wish to cycle while suffering from phlebitis, or blocking of any large vein, but when all is quiet, and the clot organized, and the vein obliterated, gentle and regulated riding has been found of use in getting rid of the edema which is sometimes so persistent.

"It is not probable that an opinion whether it be advisable to continue or resume cycling exercise in cases where there is an organic lesion of the brain or nervous system will often be sought, but such questions do sometimes arise. The writer has, on several occasions, forbidden an epileptic to mount, and has seen no harm result from allowing a moderate indulgence in the pastime to a patient with ataxia in the early stages. It would very seldom be wise to grant the same liberty to one recovered from a mild attack of cerebral hemorrhage, though it is possible that under certain circumstances good rather than harm might result. Distinct benefit ensued from mild tricycle exercise in the later stages of recovery from an attack of left hemiplegia dependent on a cerebral gumma, but every case

COLLAPSE OF THE LONG TERM COURSE OF STUDY FOR A MEDICAL DEGREE.

About four years ago, in consequence of the over-supply of medical practitioners in Great Britain, it was deemed expedient to extend the collegiate term from four to five years.

It will be remembered that in England the council of the British Medical Association have practically

plenary powers from the Government in matters of medical education and discipline.

of this description must stand on

its own merits, and no general law

can be laid down.

The promotors of the long term course insisted that with the modern curriculum, the additional subjects to be dealth with, especially normal and pathological histology, bacteriology and electro-therapeutics, more time was necessary in order to secure

proficiency.

This means practically the extinction of the old-time apprenticeship system and a monopoly of teaching the student by the college, from his embryonic stages of medical life until the doctorate is bestowed on him.

The United States, which are, it must be confessed, in many matters slavish imitators of European customs, have made a move forward along similar lines, super-adding a preliminary examination into the students' educational fitness to qualify for medicine.

We have extended the term of study from two years to three, and in some States, notably, in New York, from three to four years. This limit has been fixed by State enactment. Some colleges, independent of legislation, have made the four years'

course compulsory.

Along with this, increased stringency in the preliminary examinations; some few of our most richly endowed and influential schools now demand of the student on matriculation an art degree.

Not satisfied with these demands, quite impossible of fulfillment, except by those of liberal means, the proportion or percentage of rejections at each final examination is becoming

larger each year.

In England this year, it appears that the enormous total of 38 per cent. were rejected, of those coming up for a degree. In New York, in the school given by the Vanderbilt family—the Physicians and Surgeons—116 last year were rejected.

These facts and figures are a subject for serious thought and reflection and are a matter of grave concern for the public as well as the profession, and those who propose to

enter it.

In Great Britain this wholesale decapitation in the eligible column of graduates has raised a storm of indignation, and no doubt will be made a matter of Parliamentary investigation. At the late session of the council of the British Medical Association, Mr. Prigden Teale made a vigorous speech in denunciation of the present system of examinations and demanded an early readjustment of them.

But, how about our own country, in the profession? As a whole, the are in sympathy with the present tendency of prolonged terms of study and bachelors' degrees for candidates.

On this topic we have ventured to speak before, and we have had no reasons to change our views since.

First, we believe in "sound money." That no student should be permitted to begin the study of medicine, who has not a sound, general education, with at least an elementary knowledge of the classics. His education should certainly be considerably above the common level. But to assume that he must have an arts degree, is preposterous and is an oppression which free Americans will never tolerate.

If high academic accomplishments were indispensable for the novice in beginning his medical career, many of the greatest lights that have adorned our profession would have been lost.

Many of England's most noted surgeons of the past were not highly educated. Hunter certainly was not, neither was Astley Cooper and many others. But few of those, of a high order of learning in America, have accomplished great ends in the profession, while in the past and not a few of the present, who stand far to the front, ever got beyond the village schoolmaster. They spring from the plebeian class of an humble, but respected ancestry. Had they to comply with the present demands of some of our aristocratic medical colleges they never could have entered the portals of medicine at all.

The present system of teaching in some of our States and cities must be dethroned. It has nothing to justify its existence, for it tends to monopolize and centralize medical pa-

tronage.

Three years is none too long a term of study; but there is no good reason why this should be made in any high-priced medical college. What we need are not more stu-

dents, but more schools for teach-It is not necessary that these should be funded by millionaires. The equipment is simple for the studies of the fundamental branches, as anatomy, physiology, chemistry, materia medica and bacteriology. Instead of one mammoth concern in a large city, let there be at least six, where the student can come in close touch with his teacher; then when the final examination comes, let the test of fitness be made by an independent State board. The clinical facilities for students in the public hospitals should be open without let or hindrance, to all properly qualified, to avail themselves of them.

The present extortionate rates demanded of students, coupled with

four years' lounging and killing time, is more than the average student can meet; for those only who were born with silver spoons in their mouths can stand them.

We are most positively averse to the State in any manner interfering in professional matters. We have no State church, and we need no

State medicine.

What the community demands is thoroughly trained, practical physicians, regardless of whether they are trained in such modest smaller schools as Bowdoin, Dartmouth, Tufts or Burlington, or the larger corporations. Let it be remembered that the medical college does not make the physician; he must make himself. This has been demonstrated in the cases of Senn, Sims and Thomas.

QUACKERY IN BELLEVUE HOSPITAL.

Information which comes to us from a direct and authentic sources about the deplorable dissensions among medical practitioners in New York; and the ethical degradation which many of the most prominent of them have sunk into, warrant the belief that we are on the eve of witnessing there the greatest reign of rampant quackery ever recorded in medical history.

We sounded a warning note a year ago, when it was intimated that a piratical scheme was taking shape, having for its purpose the wholesale dismissal of physicians from the public service; the whole thing being conceived and consummated among those whom we innocently believed were above such methods.

The crash came, seasoned veterans, who had won their spurs by years of honest toil, gentleman of international reputation, were ruthlessly cast on the road-side, to be replaced in most instances by inexperienced and untrained fledglings, whose chief claim is, that "they were their father's sons," or that they were "professors."

But the vengeance of an outraged profession has been felt by them, the faculties of these three colleges have been cited before the Board of Charities, to explain the grounds for their shameless grab; they have chased around the city with a "petition," begging the Mayor not to disturb them. But, haunted vet by a guilty conscience, as a last resort, they strive to stifle agitation and put a cob in the mouths of the outraged, by recommending for appointment scores of "consultants" and to their honor, be it said, that this sort of bribe has been indignantly spurned, and with few exceptions, promptly reiected.

In the early spring when the Conjoined Committee of the County Medical Society and Association appeared before the Commissioners and strongly urged a reconsideration of the whole subject, the Board was enlightened on some things of which as laymen we might expect they were, in a certain degree, ignorant. The first was: There were a large number in the profession not connected with colleges in any capacity at all, the

peers, the equals and even the superiors of professors. And secondly, that if the Commissioners should decide to act, they need have no fears of the threatened revolt of the Medical Board of Bellevue Hospital, as more than a hundred equally capable men stood ready to fill their places.

A sort of Keeley cure combination has lately been started in New York. It is a stock company, capitalized

and runs a sanitarium.

They profess to possess a remedy

and cure for inebriates.

When lo! the profession of New York was suddenly startled by the announcement that the nostrum had found its way into the wards of

Bellevue Hospital.

It appears that without any formal consultation and without the knowledge or acquiescense of the Medical Board, the Commissioners ordered a ward to be prepared for the treatment of alcoholics by a medical man who employs his secret remedy on all alcoholic cases entering the service.

So much for the honor, dignity and independence of medicine in New York. Could a more deplorable state

of degradation be imagined?

As a makeshift and a subterfuge an effort is made to cast the blame on the shoulders of the Commissioners; but it is about time that doctors learned that if they would command respect and public confidence they must first respect themselves. When the Medical Society of New York went into rebellion against the American Medical Association and repudiated its code, the only anchor and hope we have to preserve the old medical craft from drifting to pieces on the shoals of quackery, it took a leap in the dark. When word was passed along the line that honesty, decency

and professional integrity counted for nothing; when the black flag of the pirate was raised and the standard under which we have marched to a place among the nations, in medical science, was dragged down and trampled in the dust we should be surprised at nothing. The boldest and most brazen quack can secure as many consultants as he likes, provided only he have the "price."

Alas! indeed, the beginning of the end has come and retribution is near. They have sown the wind and are now reaping the whirlwind. The cloven foot of quackery is now firmly planted in the wards of Bellevue; the remonstrance of the faculty is impotent, for united action against it they dare not take lest their own heads go promptly into the basket.

Now let the good work of progress proceed; widen the ward areas and let in the hypnotists, the mesmerists and faith curers. They are "legalized practitioners;" why not consult

with them?

Already the homeopathists and the eclectics are clamoring at the portals of Bellevue for admission; and, in all sincerity, we inquire, if they are eligible for consultation outside and are "legal practitioners," why exclude them from their share of

public hospital service?

Contrast the situation in Bellevue, New York, with the Maternity Hospital, of Liverpool, England, where the managers undertook the task of compelling the Medical Board to submit to the dictation of a midwife superintendent. In the English city the Medical Board resigned in a body and so far, although the whole country has been scoured, not a medical man can be found to take their places.





PRACTICE. By C. S. Neiswanger. E. H. Colegrove & Co., Publishers, Chicago, Ill.

This is a compact "ready reference guide for physicians in the use of electricity." It is not designed to take the place of more complete treatises on the subject. The author has omitted theories, pathology and all superfluous verbiage and confined himself to "plain facts and simple rules for the guidance of the great mass of practitioners who, it is supposed, have studied theory and pathology in their text books, but who desire to use electricity intelligently as an adjunct to other therapeutic agents." The work is excellent of its kind, and is creditable to the author.



REPORT OF THE ELECTROLYSIS OF CYSTIC GOITRES.

BY DR. CHARLES R. DICKSON, OF TORONTO, CANADA.

Electro-Therapist to Toronto General Hospital, Hospital for Sick Children, St. John's Hospital for Women and St. Michael's Hospital.

Encouraged by my successes during the past five years I am continuing my investigations in the treatment of cystic and other goitres by electrolysis. More than one hundred cases have been under my care, but I wish to report on two cases which possess some points of interest. Both occurred in otherwise healthy women, so I omit many details which might be

From the advance proofs of translations of American Electro-Therapeutic Association.

expected in a report of this nature.

Case I. Single, age about 26 years. Thin walled unilocular cyst. On July 1, 1893, I aspirated five ounces of fluid and injected to distension an aqueous solution of sodium chloride (one drachm to the ounce). The semi-insulated aspirating canula, with the solution, constituted the negative electrode, while the positive was a clav pad at the back between the shoulders. Fifty milliamperes was used for two minutes, then 100 m. a.

for ten minutes. Towards evening the neck was swollen and painful and there was no sleep that night. The pain continued the following day and no nourishment was taken. evening temperature was 102 de-The patient slept for a gress F. short time during the night. day, very little nourishment was taken, the neck was punctured at the former site and a small quantity of pus removed. Hot applications were ordered till retiring, followed by moist boracic dressing continued till morning. Morning temperature 101 1-5 degrees, evening 103 4-5 degrees, three hours sleep at night. Fourth day, morning temperature 100 1-5 degrees, a little nourishment was taken, a seidlitz powder was prescribed and the hot applications continued, evening temperature 103 1-5 degrees. There was again loss of appetite and the patient was restless and sleepless. Fifth day, morning temperature 102 2-5 degrees, pulse 108, anorexia continuing, at noon ordered salol. Phenacetin aa gr. 3 every three hours, evening temperature 994-5 degrees; had about five hours sleep. Sixth day, morning temperature 99 1-5 degrees, pulse 106; as the tongue was heavily coated a seidlitz powder was ordered and the prescription continued, also the poultices. The patient was able to take a little breakfast. The seidlitz not being effectual, calomel gr 1 was ordered, with seidlitz in morning, evening temperature 100 2-5 degrees.

From the 6th to 15th of July the conditions slowly improved, temperature, appetite and sleep becoming normal gradually. On July 15 the cyst was again aspirated and 3 oz. of turbid greenish-yellow fluid removed. Nothing further was necessary and to-day there is no sign of enlargement and no trace of the puncture. This case illustrates the fact that in thin walled unilocular cysts one electropuncture may suffice, also that although reaction may be pretty well marked it is of short duration. But with thick walled (fibro-cystic) multilocular forms the treatment is usually more complicated and protracted, as the next case will show.

Case II. A patient whom I had

treated for cystic goitre having died from another cause I was enabled after the post mortem to observe the condition of the lobe on which I had operated, and this occurs so rarely that I determined to make a report of the case. The patient was thirty years of age, the right thyroid was enlarged and cystic, the left appar-

ently normal. 1894, February 27th. After the hypodermatic administration of a cocaine and antipyrin solution, puncture revealed three non-communicating locules from which six ounces of sanguineous fluid was aspirated and the cavity filled to distension with a solution of sodium chloride. The negative rheophore was attached to the aspiring canula, the positive, to a clay pad at the shoulders. Fifty milliamperes was employed for fifteen minutes, the cysts were then emptied, the wound dressed antiseptically and firm pressure maintained. hours later the pulse was 76, the temperature 98 1-5 degrees. The patient slept fairly fell that night, had a slight chill the following morning with pain in the temples, dysphagia, and swelling of the tissues acted upon, but felt much easier towards noon when the pulse was 109, temperature 102. At 8 P. M. the pulse fell to 102 and the temperature rose to 1024-5, but the patient felt much better. Calomel gr. 1-10 every quarter hour for twelve doses and salol gr. 5. Phenacetin gr. 3, every two or three hours were prescribed.

March 1 (third day) 12.30 P. M., pulse 114, temperature 1032-5 de-

grees.

2d, 12.30 P. M., pulse 100, temperature 103 3-5. R. Salol gr. 6, phenacetin, gr. 3, every two or three hours and repeat calomel.

3d. Pulse 120, temperature 103. Salol gr. 6, every three hours, and pulv. glycyrrhiz comp. one drachm, at bedtime.

6th. Pulse 96, temperature 1012-5 degrees. 31-2 oz. dark brown fluid removed from the cysts.

9th. Pulse 70, temperature 984-5

degrees. Salol discontinued.

13th. Pulse 72, temperature 983-5 degrees. One ounce of sanguino-purulent fluid removed and a Hembrath

gauze drainage inserted in the puncture track.

17th. One ounce and six drachms of chocolate colored fluid was removed from the most posterior cyst and a soft rubber drainage tube inserted.

19th. Free discharge.

20th. Cavity irrigated with car-

bolic, 1 to 20.

Till the end of April the dressings were at intervals of one to three days; in May and June the intervals were

much longer.

July 9. A platinum wire connected with the positive rheophore was inserted in the drainage tube and the cavity filled with a solution of zinc sulphate, a clay negative pad as before. Twenty-five to fifty milliamperes was used for ten minutes. The goitre was now about one and a half inches in diameter, was dressed every two or three days and continued to atrophy.

July 19th. The same treatment as on the 9th was resorted to, but because of a tender spot on the back, only thirty-eight milliamperes was

employed for ten minutes.

July 26th. Zinc-hydro-electrolysis again, fifty to eighty milliamperes for ten minutes.

August 3. Fifty to ninety milliam-

peres for 15 minutes.

August 11. Fifty to one hundred milliamperes for twelve minutes.

20th. Fifty milliamperes for fifteen minutes, then reverse the polarity and use twenty m. a. for three minutes.

30th. Thirty milliamperes for ten minutes, reverse and use ten m. a. for three minutes.

September 6. A zinc intra-uterine electrode was introduced and zincelectrolysis employed, fifty milliamperes for fifteen minutes, the polarity was then reversed and the electrode withdrawn to the track of puncture outside the cysts, ten milliamperes being used for three minutes.

17th. A cmaller zinc electrode was necessary and one hundred milliamperes, zinc-electrolysis, for ten minutes completed the electrical

treatment.

19th. The cavity was filled with iodoform-glycerine emulsion and the

drainage tube plugged with absorbent cotton to retain the emulsion.

22d. The drainage tube was discarded.

October 17th. Drainage track closed.

November 12th. Patient reported general health much improved since the cessation of hostilities. The goitre was now apparently the size of a small walnut.

1895. February 1. Goitre only appreciable on making firm pressure, the cicatrix being adherent to the thyroid and hence rising on swallowing was freed subcutaneously after a hypodermatic injection of the cocaine and antipyrin solution.

A month later the patient was unfortunately asphyxiated, the house in which she lived being burned early in the morning of March 2. At the inquest which was held her husband stated that he had given her all the ready cash he possessed the night before, as they were about to move the following day. This money she had hidden for safekeeping in the shop below the sleeping apartments, and in running to secure it she had stumbled and fallen while he was engaged in saving the children. Some one who was present at the post mortem examination stated that no goitre was to be found, as several insurance companies were interested and a goitre on the right side of the neck had been set down as a means of identification, a theory of substitution for fraudulent purposes was started and developed very effectually by the newspaper reporters. At the suggestion of the Coroner I viewed the remains, which were charred beyond recognition. Fortunately, the woman had fallen on her face. thus partially protecting the neck from the action of the flames or identification would have been more difficult. After removal of the larynx and trachea the right thyroid was found to be very slightly larger than normal and on section the site of my puncture and of the former cysts was found to be occupied by cicatricial tissue, while the fact that the lobe itself had undergone calcareous degeneration was made very evident by the facility with which the salts of

lime could be scraped from the incision. Thus the goitre proved a very important means of identification after all, though scarcely in the sense intended by the insurance companies.

I had hoped to be able to present

this most interesting specimen for inspection of the association, but in this I am disappointed, as the case has not yet been passed upon, and the specimen remains in the possession of the Crown authorities.

159 Bloor street, East.

COMPLIMENTARY.

The American Medico-Surgical Bulletin recently contained two very complimentary notices of apparatus designed by the editor of this department of the "Times and Register." They are copied here in full as affording gratifying evidence of the recognition voluntarily given Dr. Monell's work, by one of the best of our contemporaries:

"ELECTRO-THERAPY."

"Electrical science being distinctively of modern origin, new principles and new economics, and medical applications are announced almost daily. Among the most recent electrical instruments that are of special value in electro-therapeutics is the Monell upright faradic apparatus. It was designed by Dr. S. H. Monell.

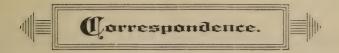
"It is portable, and is said to be the most complete battery ever made, because it introduces the first accurate and scientific method ever given to the medical profession for measuring and recording the therapeutic dose of the interrupted secondary induction current. A complete description of this apparatus will be forwarded to any physician upon request to the manufacturers.

"An advertisement of the manufacturers, The Jerome Kidder Manufacturing Company, 820 Broadway, New York, appears in this issue. The very valuable apparatus manufactured for years by this company is too well known to call for further comment. Their name is a synonym for integrity, reliability and scientific accuracy."

THE "MONELL."

The Jerome Kidder Manufacturing Company, 820 Broadway, New York, are in receipt of the following letter from Dr. John J. Gaynor, of Eureka, Cal.:

I have already a triumph to record for the "Monell." I have one case of exophthalmic goiter that resisted galvanism, no matter how or by whose method it was tried. I am well supplied with medico-electrical works, even to the latest, so that when I say I tried all methods it is true. Hence my ordering a "Monell." I could not keep the patient's pulse under 100 with galyanism, and I gave her a month's holiday. She came back with a pulse of 125, and I started with the "Monell," reducing it in one sitting to 84. "An." over arch of aorta; "ca." on cilio-spinal centre. Next visit, pulse 94. "Monell" again, pulse 84 at close; next day 94-84; next day 94-82; next day 76-72. This result has insured my good-will for your house and the instrument. I am very thankful for your trouble in writing particulars about X-ray apparatus.



WAYSIDE NOTES.

From our Special Foreign Correspondent, Ernest B. Sangree, M. D. Vienna.

I have come to the conclusion, after a survey of Berlin, last year, and of Vienna this year, that for doctors these two cities are a sort of paradise, but the latter's antithesis for patients. The chief efforts of the crack professor appear to be devoted to the making of a diagnosis. It does not matter much whether the patient dies whilst he is working out the diagnosis or immediately thereafter. Indeed, I am sure that some of those here would often prefer the patient to die before he can get out of surveillance in order that the diagnosis may be verified at the autopsy table. For all who die in the algemeine krankenhaus are "posted," and not only that, but if the pathologists happen to take a fancy to any part of the body they will appropriate it, either for teaching purposes or as an additional ornament to the magnificent museum. I would advise any of my countrymen contemplating a trip to Vienna not to drop dead in the street, or to have a stroke of apoplexy and to die before regaining consciousiess. In either case he would be carried forthwith to the cit- hospital. If the unfortunate incident occurred in the morning, let us say, by noon, his body would be on the autopsy table, having reached this by means of a wheeled table

on which it was piled, like a piece of wood, with several others. If it chanced to be the day for an operative surgery class, the body of this hypothetical gentleman might find its way to that room, and have performed on it by the students, the various amputations, resections, exsections and ligations; until, when his friends turned up, about all they would find would be his clothes and the tin-tag that had been attached to his great toe and contained his number as a body. When first I saw them remove, maybe the pelvis, the bones of the legs or arms, or cut the body up generally, so that it looked as if fresh from a railway accident, I would occasionally ask, "Had this person any friends?" "I don't know," would be the invariable answer. The fact is, the whole matter is under Government authority, and the people have to take it. No wonder, then, that these men know pathology; with from five to twelve autopsies every day, carte blanche as to what they wish in the way of material, and doing nothing but teaching pathology studying and year in and year out, all their lives, it may readily be supposed that in the course of time they acquire a knowledge of pathological manifestations which it would be hopeless for any other man not similarly situated ever to hope to attain.



CLAIMED TEST FOR INSANITY.

Doctor Buxton Ward declares there is one infallible symptom indicating whether one is sane or not. Let a person speak ever so rationally and act ever so sedately, if his or her thumbs remain inactive there is no doubt of insanity. Lunatics seldom make use of their thumbs when writing, drawing or saluting.

-Med. Age.

TETANUS ANTITOXIN IN "KOPFTETANUS."

G. Caretti (Rif. Med.) reports the following case: On September 8, 1894, he was called to a peasant woman aged 44, who had fallen from a cart on her head. He found a lacerated contused wound on the forehead, extending down to the bone, to which an improvised dressing of dirty rags had been applied. There was slight swelling for about a centimetre around the edges of the wound. He carefully disinfected the part with sublimate solution (1 in 1000), put in three carbolized silk sutures, and applied an antiseptic dressing. On the following days the inflammation of the neighboring parts increased, and edema developed on the eyelids and cheeks. This was relieved by squeezing out a little pus at one of the points of suture, and by the seventh day, when perfect union of the wound made it possible to remove the sutures, it had almost entirely disappeared. On the previous day (sixth since the injury) the patient had noticed a certain difficulty in opening her mouth, and transient pains with slight contractions of the masseter muscles. Recognizing that the symptoms pointed to the onset of tetanus, the author prescribed a draught of 4 grammes of chloral and

bromide of potassium, half to be taken at once, and half the following morning. On September 16 the trismus had reached such a degree that only a coin about the size of a threepenny piece could be passed flatwise between the teeth. A supply of antitoxin was at once procured from Dotteressa Cattani, and a dose of grammes dissolved in grammes of sterilized water was injected under the skin of the abdomen on September 16. On the following morning the trismus was somewhat less, but slight contraction of muscles at the back of the neck was noticed. Antitoxin was injected as before. On September 18 the general condition was satisfactory, but the lockjaw was complete; an injection of 1.10 gramme of antitoxin was given. The symptoms being somewhat worse on the evening of the 18th, another injection of the same amount was given. The patient was able to take liquid nourishment by sucking it through an aperture between the teeth formed by the powerful retraction of the lower jaw. The movements of the tongue and of deglutition were performed without difficulty. Another injection of 1.10 gramme was given. The patient suffered from sleeplessness and complained of severe pains in the head and along the masseter; there was facial paralysis on both sides. The temperature was not raised, and consciousness was undisturbed, and apart from the lockjaw and facial paralysis the patient was fairly well in herself. She remained in much the same condition until the beginning of October, when she began slowly to improve, but it was not till the middle of that month she was able to open her mouth sufficiently. On November 3 the author was able to announce to Professor Tizzoni that the patient was completely cured.

He points out that the progress of the disease was checked immediately after the administration of the antitoxin was begun; although on September 17 there was some appearance of the posterior muscles of the neck being invaded, this soon passed off. The author attributes the fact that no spasm of the pharyngeal muscles occurred to the remedial influence of the antitoxin. He refers to another case of "kopftetanus" reported by Giusti and Bonajuti in the Gazzetea aegli Ospitalia, No. 56, 1894, which was cured by Tizzoni's antitoxin.

PERSIAN CURE FOR DYSENTERY.

Surgeon-Major T. S. Avetoon, of the British Army in India, communicates to the London Lancet a prescription from a medical work in the Persian language, which, he says, he has used successfully, with a slight modification, in about thirty cases of dysentery, during a little over two years. The dose is a drachm of cinnamon bark reduced to a fine powder and made into a ball, with a few drops of water, and is repeated morning and evening until a cure is effected. He says that his patients have often been completely cured by the ingestion of two doses, and that five doses has been suffi-cient in every case. The great antiseptic virtues of cinnamon are recalled by this.

TREATMENT OF ERYSIPELAS.

Dr. J. C. White recommends the use of a lotion of carbolic acid (1-2 drachm to 3 drachms each of water and alcohol). He invariably used this, and expected almost every case to be controlled within three days, often within forty-eight hours.

PERITONITIS.

I hold that our first aim in peritonitis is to counteract or diminish the effects of the shock. Opium is the recognized remedy, but I doubt

if its efficacy is in the direction of lessening peristalsis. I think it saves life in the same way as a syringeful of morphia may save the life of a soldier who lies out all night with a mangled limb. Hot fomentations also are valuable adjuncts; but here again I am of opinion that their utility is greatest in lessening shock rather than in relieving pain.

-Seymour Taylor, M. D.

ACUTE BRONCHITIS.

Dr. J. W. Brannan believes nothing is more satisfactory than a poultice (three parts linseed, one mustard), to the chest where there is much constriction. The tepid bath is valuable, especially in fever, and to encourage respiration and expulsion of mucus. For cough, codeine is preferable to opium, having less tendency to check expectoration. Add to each dose three grains of muriate of ammonium and three grains of iodide of sodium.

-London Medical Times.

RAILROAD CORYZA.

B. Frankel endeavors to make a special variety of nasal inflammation from the specific cause of railroad riding. The exciting agent is the inevitable dust. He admits, however, that the sufferer must have a nervous predisposition, especially a hypersensibility of the nasal mucosa.

—Arch. f. Lar.

CHRONIC ENLARGEMENT OF THE TONSILS.

This will be benefited by painting every other day with a mixture of ene-third compound tincture of iodine to two-thirds glycerine.

HYSTERIA.

It is said that one-tenth of a grain of apomorphia, hypodermically, will break up and thereafter prevent an attack of hysteria.



FACIAL PARALYSIS.

1. Facial paralysis, usually attributed to cold, is frequently caused by mild otitis media. 2. This otitis is due to pharyngo-rhinitis. 3. The aural origin of facial paralysis accounts for a number of symptoms not otherwise easily explained pain, etc. 4. The progrestic significance of this etiological fact is very great, for usually facial paralysis of aural origin is readily cured.

Launois, Ann des Mal. de'l Oreille et

du Larynx.

MUMPS.

Pilocarpine influences the course of the disease most favorably in contradistinction to belladonna. Pilocarpine is the best remedy for the labyrinthine effusion which sometimes produces absolute deafness mumps. Cases of suppurative parotitis often yield rapidly to the application of iodide of potassium in the liniment or ointment.

-Dundas Grant, London Med. Times.

EFFECT OF ELECTRICITY THE HUMAN STOMACH.

In the normal, direct application of rather strong faradic or galvanic currents has little, if any, effect upon the motor function of the organ, while the secretion is not affected. Direct application of electricity to the stomach when the disease is of nervous origin is an excellent remedy, and good results may also be expected when the malady is of organic origin. There is no appreciable difference in the effect of faradic or galvanic currents. However, the galvanic current (anode in the stomach) is preferable in painful affections, and the faradic in functional disturbances. In using the galvanic current great care is demanded to avoid the caustic effect of too strong a current.

Goldschmidt (Deutsch Arch. f. Klin. Med.).

THE INFLUENCE OF SHOCK ON THE RECEPTIVITY OF THE ORGANISM FOR INFECTION.

R. Galeazzi has tried to ascertain experimentally whether the condition of shock had any influence on the rapidity and intensity of bacterial infection. Aseptically laparotomized guinea-pigs, in whom shock had been produced by wrapping the intestines in cold compresses, were inoculated with cultures of staphylococci, bacteria coli, of diphtheritic bacilli, and at the same time, control animals were similarly inoculated. It was found that the local and general changes in the former were much less marked than in the latter, although both had received an equal quantity of the injection. More especially was it noticed that the blood of the former contained a much smaller quantity of micro-organisms. He considers that this difference is due to the lower temperature and to the diminished exchange between the blood and tissues in shock. This view is supported by the fact that patients in a state of shock require larger doses of alkaloids to produce an effect than persons in a normal condition.

-Centrlbt. f. Chirurgie, No. 5, 1896.

ERODIUM AS A HEMOSTATIC.

L. V. Komorovitch (Vratch, No. 9, 1896) points to powerful hemostatic effects of the erodium cicutarium (fam. Geraniaceae) in cases of metrorrhagia and menorrhagia. tried this Russian popular remedy in twenty-three cases, in twenty of which floodings were caused by metritis, in one by myoma, in one by cervical polypus, and in one by abortion. The remedy was always given internally in the form of a decoction (one-half ounce of the herb to six ounces ag.), a tablespoonful every two hours. In all the patients the symptom quickly subsided, even in those who had been previously treated by ergot and hydrastis canadensis without success. No accessory phenomena were ever observed, although in some cases the administration continued for several weeks. The erodium seems to exercise a direct tonic influence on the uterine muscular tissue, the organ growing distinctly firmer during the administration. In the case of cervical polypus the latter was found lying free in the vagina after two days' use of the decoction.

POTASSIUM PERMANGANATE IN THE TREATMENT OF GONORRHEA.

Dr. M. Moller (Archiv. fur Dermatologie und Syphilis, 1896, No. 1; Centralblatt fur die gesammte Therapie, June, 1896) has treated a hundred cases of gonorrheal urethritis with Janet's injections of potassium permanganate. Some of them were acute, and others were chronic. All the patients were going about. Before the treatment was begun the following questions were always considered: Whether gonococci present or not, whether the urethritis was anterior or posterior, whether collections of gonococci existed within the urethra or outside of it, and whether or not the case was suitable for the employment of Janet's meth-Great care as to the strength of the solution is to be recommended; one may begin with a 1-to-5000 or a 1-to-4000 solution, and then proceed to one of 1-to-1500 or 1-to-1000, according to the reaction and the tolerance. A definite cure does not always coincide with the disappearance of the gonococci, but if, after an observation period of three weeks, after errors of diet, after soundings, etc., still no gonococci are to be seen, a definite cure may be taken granted. The method is not painless; in acute posterior urethritis these irrigations are very painful, and not infrequently give rise to hematuria. Indeed, there are patients who refuse to submit to the treatment. There are cases in which, even after from fifteen to forty irrigations with solutions increased to the strength of

1 to 1000, gonococci may still be found: on the other hand, the method succeeds in some cases in which all other treatment has failed. The patient should be acquainted with the possible consequences of the treatment—pain, hematuria and cystitis, together with the chance of not being cured after all. abortive method, in the first three or four days of the disease, it is better than any other; after that it is not of so much value; in subacute and chronic cases it is superior to other methods; used without due care as to the strength of the solution, it is not free from danger.

Congenital Deformity of the Genito-Urinary Organs as a Cause of Derangement of the Intellectual Faculties, or of So-Called Sympathetic Insanity.

Professor Bartholomew Guise, of the University of Athens, Greece.

It is a fact well known to science that there are individuals of both sexes, neuropathic by birth, and presenting either a vice of conformation or some disease of the genito-urinary tract, who may be attacked either gradually or suddenly with psychic disturbances or sympathetic insanity. When in this state they may commit mischief, crimes, meet with accidents or commit suicide.

We have studied this form of disease for over twelve years, and will try to give an epitome of the results obtained.

There is a very intimate relation between the genito-urinary tract and the nervous centres. A lesion of the genital or urinary organs of even the slightest importance, may, in a neuropathic subject, cause a change of character, or even a true insanity, in any of its forms. For instance, a quiet, polite person may become boisterous, rough, rude, proud, difficult to manage, melancholic, hypochondriac, maniacal, etc., etc.

Who has not met with those brutal, hysterical, headstrong and violent women who are so often seen in the divorce courts. It is a well-known fact that this condition is often due to congenital causes. The celebrat-

ed Dr. Morris, an American, shown that it is especially common in women with either imperfect development of the clitoris or adhesions of this organ. Dr. Morris claims that a simple breaking up of the adhesion changes the character of the patient. Not only in the female sex do congenital deformaties cause a derangement of the mental faculties, but the same thing is common in males. For instance, the cryptorchids, the eunuchs, the hypospades and epispades, especially when arriving at the age of puberty, for they then, for the first time, understand their physical deformity.

In many published cases the termination of the mental trouble caused by these deformities has been very unfavorable. We have seen similar cases end in permanent melancholia or imperfect development of

the mental faculties.

Not only the physical deformities, but also different genito-urinary diseases may cause the same train of symptoms, as, for instance, orchi-epididymites, tumors or tuberculosis of the testicles, atrophy or ablation of one or both testicles. These organs seem to maintain a true equilibrium between the intellectual and physical forces.

The Romans in Scylla's time punished severely one who performed castration, for they found that it unbalanced mentally and bodily the one it was performed upon and would not admit any eunuch on the witness stand.

Eunuchs castrated shortly after birth, are generally constitutionally weak, thin, pale, cachectic, timid and bashful.

The Byzantine historians characterize eunuchs as weak morally and physically, as incapable of any generous action, as effeminate, as misanthropes, as sycophants, full of low and treacherous instincts.

Origenes, one of the fathers of the Christian Church, speaks of them in

the same way.

We will now mention some cases in support of our premises. Mr. X—, 38 years of age, was so enraged at being deserted by his mistress that he took his testicles in his hand and squeezed them violently. A nervous tremor came on immediately, and lasted several days. This tremor was accompanied by singing in the ears and absolute deafness, lasting several years. Patient finally married, and his condition has been slowly improving ever since.

Mr. Y—, student, 28 years old, suffering from an orchi-epididimytis of gonorrheal origin, became melancholic and attempted suicide.

Two other patients with the same

trouble suicided.

The intimate relation between the genito-urinary organs and the central nervous system, or the encephalon is well shown by their parallel development.

Microcephalic or micro-encephalic persons have usually some deformity or an undeveloped condition of the

genitals.

Hydrocele, with atrophy of the testicle, which I met with in two cases, had severe psychic disturbance follow puncture of the sac and evacuation of the fluid. Possibly, this was caused by sudden contraction of the cremaster muscle.

Not only diseases of the testicle, but also those of the prostate, may cause each and every symptom already mentioned. We have met with several cases of chronic prostatitis of gonorrheal origin or caused by excessive venery. The patients were greatly troubled with insomnia, melancholia and hypochondria. They got well after a few injections of Ag. Nu. Case 3.

A shoemaker, 70 years old, who had suffered for years with senile prostatic hypertrophy and chronic cystitis, went suddenly insane and cut his throat. Another patient, ten years younger, and with the same diseases, had first insomnia, then melancholia, and finally committed suicide by drowning. This man was a heavy drinker.

One month ago, a married officer, 50 years of age, came to my office to consult me for an analogous trouble with the same train of symptoms. He was put on a general tonic regimen, besides washing out the bladder thoroughly with 1-3000 HgCl2, boric acid, etc. He was then

taught to catheterize himself, and his mental and physical condition are now both restored to their normal condition.

In addition to the malformations and diseases of the genital system, those of the urinary system may cause mental derangements, identical with those already discussed.

We conclude, therefore, basing our deductions upon what we have said above, that (1) In this form of sympathetic insanity, there are no organic lesions; (2) that this form of insanity is especially common in persons with some malformation, or disease of the genito-urinary system; (3) that this form of insanity may improve, or even disappear, upon treatment of the local lesion or disease; (4) that many persons with congenital vice or acquired disease of genito-urinary tract, through the consequent disturbance of their mental equilibrium, commit misdemeanors, crimes or suicides.

For this reason, a medico-legal examination is often necessary when an individual is brought before the courts on trial for some crime or misdemeanor, committed through the irresistible impulse of insanity, caused either by some malformation or disease of the genito-urinary system.

-Le Progres Medicale.

CLINICAL SIGNIFICATION OF SINUOSITY OF THE TEM-PORAL ARTERY.

General arterio-sclerosis is the great enemy of advanced life. All these chronic lesions commence with endoperi-arteritis and slowly bring about the sclerosis of the organ, if it is localized, or of the entire organism if it is general. It is easy to see how the entire organism may undergo the influence of this general lesion that interferes with nutrition, since the elasticity and permeability of vascular system constitute the first condition necessary for physiological nutrition. These conditions, either wanting or being defective, nutrition is no longer accomplished as it should be.

Patients with arterio-sclerosis age rapidly; the vitality of their tissues is

slight; they reach to external causes exactly as does the organism of an old man. External influences that would have no effect upon a healthy individual may endanger their lives.

Chronic dystropic diseases, and general arterio-sclerosis in particular, are hereditary. The heredity is progressive, that is to say, it increases with each succeeding generation un-

til the race is extinct.

Now, it is in the descendants of arterio-sclerotic ancestors that we notice the flexuosity of the temporal artery, which thus becomes a sign of great clinical value, for it indicates the malignant form of arterio-sclero-Professor Dieulafoy has mentioned this as a symptom noticeable in the course of interstitial nephritis. which is only one of the more frequent localizations of general arteriosclerosis. No one else that we know of has called attention to this subject. can state from personal observation that sinuosity of the temporal artery usually shows itself at the age of 25 to 30 years, in descendants of arterio-sclerotic ancestors. There exists between these individuals a striking resemblance in some external characteristics. notice in all of them a condition of leanness and a fiery, irritable character. They find it impossible to apply themselves for any great length of time to any subject, however interesting, because of the fatigue it causes them. In short, they present all the spinal symptoms that show that their nervous system does not work normally. Coincident with or shortly following the appearance of the symptom of sinuosity of temporal artery, the patients complain of palpitations and lassitude; they notice a slight dyspnea.

Auscultation gives clicking of the second sound at the base of the heart.

Blind spells come on suddenly with or without apparent cause, and during the night the patients must rise several times to empty the bladder. Examination of the urine made at different intervals gives only negative results.

As we see, the appearance of the symptom of the temporal artery is followed by, or coexistant with, other

symptoms, slight or fugitive from a

clinical point of view.

When physician at the old men's hospital we had more than one hundred patients under our charge, but we rarely saw the symptom of sinuosity of the temporal artery so prominent as it is in the descendants of arterio-sclerotic patients. We wish to call attention to this because all authors are not unanimous as to the etiology of arterio-sclerosis. Most of them believe that hard work, physiological poverty, moist dwellings, alcoholism and especially the abuse of spirits of poor quality are potent factors in the causation of arterio-sclerosis; other authors deny some of these factors, alcoholism especially.

Now, while disaccord reigns as to the causes, no one denies the power of heredity. It is our opinion that general arterio-sclerosis may come from the causes just enumerated, but unless hereditary, it is compatible with long life and is only the benign form of the disease.

That is, in our opinion, the reason why so many patients with arteriosclerosis live to a ripe old age. It is a different story with the progeny of

these patients.

Here the progress of the disease is

rapid; the symptom of the temporal artery is very prominent, and the persons attacked die in middle life.

It now remains to be shown if those descendants of arterio-sclerotic patients, who have not the hereditary curse, will have the sinuosity of the temporal artery.

As yet, we can affirm nothing. Sinuosity of the temporal artery is followed by a sclerosis of the cerebral, renal or coronary arteries and most descendants of arterio-sclerotic patients die of some lesion of these

three organs.

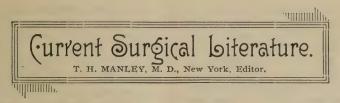
Two of our patients have died, one of cerebral-hemorrhage, and the other in a syncope (sclerous myocarditis). The parents of these two patients died of apoplexy, but at a more advanced age. The offspring dying 10 to 15 years younger than their parents. This tends to confirm what we have said above about the progression of general arterio-sclerosis.

We have published these notes of cases coming under our personal observation in order to attract the attention of our professional brethren to the symptom of sinuosity of the temporal artery, which seems to us

of great diagnostic value.

-Le Progres Medical.





BACTERIOPATHY OF CANCER.

Petersen in the clinic of Czerny, made a series of experiments, with filtered or sterilized streptococci and the micrococcus-peodigiosus, pure and associated animal cultures! These experiments on cancerous cases proved that the sterilized cultures acted with more energy than the filtered. He tried his experiments on ten cancerous and fifteen sarcomatous cases. In only one instance was there an appreciable diminution in the volume of the growth. The treatment was without any tangible results on cancers.

Rosenburger had seen no effect from these inoculations in cancerous cases. On the contrary, in sarcomata, he had witnessed happy results.

Senger had a patient with an inoperable sarcoma of the shoulder which he treated by the injection of erysipelatous cocci. Suppuration promptly followed, the discharge being copious. The part healed and cure resulted. He had not seen any benefit follow in cancer.

Reidel had seen several cases of sarcoma cured by arsenic. He observed that sarcoma was sometimes confounded with leucemic tumors.

Hasse had witnessed satisfactory results follow parenchymatous injections of alcohol in inoperable cancer of the breast or uterus. In four cases pronounced inoperable by eminent surgeons he effected cures.

—German Congress of Surgeons.—Gaz. Heb. 18, June, '96.

IRREGULAR THICKENING OF THE BONES OF THE SKULL.

M. Peau has called attention to the irregular thickening which we often encounter in operations on the cranium, in various pathological conditions. He had noted on the skulls of a large number of male subjects the greatest thickness is on the left side. They were mostly heredito-syphilities.

OPERATIONS ON OLD PEOPLE. Alfred Gordon*, M. D., Philadelphia.

For very many years the influence of age on an operation was considered of the utmost importance, and it was frequently the case that even minor operations were refused to those who had passed a certain limit, solely on account of the age of the patient, when other conditions were favorable. Recently, I was witness of a case in point in this city, where two surgeons refused to operate upon an aged woman for hemorrhoids which, however, were afterward successfully removed by a third physi-We were impressed to ask whether every aged person must forego relief from pain, and be unable to benefit by the recent advances in contemporary surgery, solely on account of their age.

We believe that in many cases it is impossible to rightly estimate the age of a person from the number of years they may have lived. The organic decadence which takes place in old age is so imperceptible in degree, and the loss of vital energy is so gradual, that it would often be embarrassing to define at what point old age begins. It is true that litby little the exterior appearance of a person is changed, but these signs are very variable in both sexes. The characteristic phenomena of old age take place rapidly in some people and more slowly in others, and this difference depends upon many conditions, such as difference of constitution, temper, environment, conduct, health, customs, race, climate, Fleury, in his course of hygiene, said: "Of course there are old men of sixty, forty, and even twenty years, and there are men who are

(*Author of "La Vielliess," Paris. 1895.)

young and active in spite of the wrinkles on their faces and their gray hair." Hence, nothing can be less scientific than to estimate the degree of old age from the number of vears the person has lived.

Researches in medical literature and observations in the hospitals, particularly those of Paris, during seven years, confirm this statement. In one hospital the surgeons would refuse all cases of aged people, and in another a surgeon more courageous and not bound by routine, has taken many of these cases, and in a large proportion of the operations has been very successful. A consideration of fifty-six cases, reported in recent literature, of operations upon people who might be considered as old, leads of necessity to the conclusion that no surgeon has the right to refuse operative relief merely on account of the age of the patient. In these the cases terminating fatally are purposely reported, in order not to destroy the value of the comparisons.

In twenty-one cases of operation for cancerous tumors we found two with a fatal termination, and one of the patients, aged sixty-five, was small and weak, and the other had albuminuria. These would have an unfavorable influence, even when the persons operated on were Strength is more necessary youth. In 14 operations for amputations and disarticulations, seven were fatal. One of these had gummy tumor in the lungs and a profound alteration of his kidneys and liver. The second died from phlebitis, the result of the digital compression on the groin during the operation. The third, fifth and sixth were habitual drunkards. The fourth had a diseased liver and kidneys, and the seventh was cachectic and had emphysema. From these facts it can readily be seen that the mere fact of old age had nothing to do with the ill-success of the operations.

On examining the successful operations it was found that all were in good health except for the lesion necessitating the operation. In the comparatively few cases on record where healthy and strong old people died from operation, it is likely that the cause of death can be as readily traced to some exterior cause, perhaps as much from a failure to maintain rigorous aseptic and antiseptic conditions as any other.

-Medical and Surgical Reporter, June

20, 1896.

TRAUMATIC DIASTASIS OF THE ACHROMIO-CLAVICULAR JOINT.

Bahr (Cent. fur. Chir., November 2, 1895) reports a case of diastasis of this joint, and comments upon the difficulty of diagnosis and the rarity of the recognition of this common traumatism.

This traumatic diastasis is the consequence of an injury to the ligaments, which are not sufficiently injured to produce a luxation of the clavicle. It may result from traumatism, or from a partially healed luxation of the clavicle or even an oblique fracture, involving the joint. The diagnosis is difficult in fresh cases; the ordinary symptoms are not markedly present. The most certain syn.ptom is a gliding of the acromion beneath the clavicle on abduction of the arm, and the reduction when the arm is abducted. There is great pain on abduction, so that etherization is sometimes necessary.

EMBOLISM IN THE RIGHT AXIL-LARY ARTERY IN A PATIENT WITH CARDIAC DISEASE.— RE-ESTABLISHMENT OF THE CIRCULATION BY A CIRCUI-TOUS ROUTE.

M. G. Galliard presented a patient with mitral stenosis, though with no antecedent history of rheumatism. She had the attacks of asystoly; after the second she was seized with the most atrocious pains in the right shoulder; which became cold, cvanosed and powerless. The radial pulse was absent and edema followed. Gangrene was threatened. After some days, color and heat were restored, when it was clear that the collateral circulation was re-established. More or less pain, however, continued at the shoulder.

—Acadamie De Med., Paris.—Gaz. Heb., May, '96.

SUTURE OF THE HEART.

Cappelen (Norsk Magazin for Legevidenskaben, March, 1896) reports the following case: A man, aged 24, had, some hours before admission, received a stab from a knife in the left side. He went home alone, and about an hour afterwards was found lying in a pool of blood. He was brought to the hospital in a cab, and on admission was found to be unconscious; the pulse could not be felt, but pure though weak heart sounds could be heard to the right of the sternum, on a level with the fourth rib; the impulse could not be felt. fourth left intercostal space, in the middle axillary line, parallel with the rib, was a punctured, non-bleeding wound, 1 c.cm. long. After a camphor injection the patient began to breathe, and the pulse could be felt. The left side of the chest dia not move in respiration. chloroform narcosis a resection of the fourth rib was made, after enlarging the wound. The pleural cavity was filled with partly liquid, partly coagulated blood, compressing the lung. After evacuating the blood, which was estimated to be about 1400 c.cm., the lung dilated and was found not to be wounded. By resecting 5 cm. of the third rib a wound 1 cm. long could be seen on the pericardium, bleeding freely. The sac was filled with coagula, and on enlarging the opening a wound 2 cm. in length was seen on the left ventricle, causing the bleeding. The wound was sutured and an artery tied, after which the hemorrhage ceased. The needle was brought half way through during a contraction, and then dropped, and when the heart dilated after a second contraction the point grasped and the needle brought completely through. The suturing was made very difficult by the rythmic movements of the lung, which covered the whole operating field, and by the heart contractions, which, however, were perfectly regular and quiet all the time. The pericardial cavity was emptied of clots as far as practicable. The pulse after the operation was very quick and feeble, but improved after a subcutaneous saline injection. The patient sank

gradually, however, and died two and a half days after the operation. At the necropsy it was found that a large branch of the coronary artery had been wounded; the wound had began to heal, but there was evidence of pericarditis, and various bacteria were found in the fibrinous exudation. The knife had passed through the pleura in front of the lung without wounding it, and again through pleura and pericardium into the heart.

-B. M. Journal.

SYMPHYSIOTOMY.

Symphysiotomy is an operation which, originally suggested by French student, fell into obscurity, only to be revived and reinvented but a short time ago. It is an operation which, at the time of its revival, gained a quick popularity, but, like antitoxin, we do not hear quite so much about it now. In America, however, it is often done, and in a recent paper, Dr. Edward A. Avers came to the following conclusions concerning it: 1. Secure full dilation of the cervix, if possible, without risk to the child; (2) make the initial incision a little above the subpubic arch: (3) have the urethra and bladder held to one side with a sound; (4) introduce the indexfinger into the vagina against the posterior grove or ridge of the joint up to the top; (5) pass a narrow scalpel up to half an inch of the top; (6) substitute a probe-pointed bistoury and work the blade downward until separation is felt by the posterior finger; (7) have the assistant press the mouth of the wound and tissues lying over the joint with a small piece of gauze; (8) deliver with forceps, if possible, and refrain from suprapubic pressure, aiming to deliver the head without drawing down the soft parts; (9) pass a small strip of gauze into the pubic wound, and another into the cervix, leaving both pieces free for easy removal; dress the vulva with gauze; (11) remove all gauze after thirty-six hours and irrigate vulva and vagina twice daily; and (12) attend to catheterization in person.

-London Med. Times.



VAGINAL FIXATION AND PREG-NANCY.

Kossmann (Zeitschrift, f. Geburtshulfe und Gynak., vol. XXXIV, pt. 1, 1896) in fulfilment of a promise to report on a case where he had performed vaginal fixation and the patient had become pregnant, demonstrated the patient after recovery from labor at term. She was able to go about till the moment that labor set in. The waters began to escape six hours before the first pains; within eight hours the child was born spontaneously. The vertex presented in the second position. There was no flooding, the puerperium was normal, and the child, a robust female, twenty inches long, was reared.

VAGINAL INJECTIONS AFTER LABOR.

Dr. Sebilleau says that amongst practical obstetricians, M. Tarnier is the only one who continues routine use of vaginal injections after labor, and brings around some original observations to prove not only their futility, but also their occasional danger. The best interests of the patient are conserved by the accoucheur adopting antiseptic surgical precautions and making but few vaginal examinations. In addition he advocates the washing several times daily of the external genitals with antiseptic solutions, and in the intervals the application of an antiseptic dressing. The only conditions which justify vaginal injections are (a) a slight rise of temperature; (b) fetid lochia; (c) an accumulation of clots in the canal, and (d) retention of the membranes.

-Journal de Medicine.

RATIONAL TREATMENT OF ABORTION.

In cases of severe hemorrhage and febrile disturbances, occuring in the first two months, the entire contents of the uterus should be removed. The

finger or the curette, or both, may be used for this purpose; the calibre of the cervix will determine the choice of method.

In the third month, if the os uteri is not patent, tampons are at first employed. Anesthesia is necessary for the radical removal of the product of conception. The placenta may have to be removed by means of the curette. The fetus can generally be best taken away by slowly introducing the finger and using that alone.

In the fourth month the fetus must be removed without the aid of the curette, although remnants placental structure and membranes may call for the use of that instru-

Even after spontaneous abortion the uterine cavity is to be explored and all remnants promptly removed by means of the curette.

Only very free hemorrhage calls for the employment of tampons. They are to be introduced into the vagina only. Uterine tampons are to be avoided as much as possible.

Benicke, in Allgemeine Medicinische Central-Zeitung.

EXTRA-UTERINE PREGNANCY AT TERM, WITH LIVING CHILD.

Dr. A. Martin reports the case of a woman, 31 years of age, who, during the whole term of her pregnancy, had frequent malaise, loss of blood and uncontrollable vomiting.

Her general health was bad, extreme emaciation, urine albuminous,

features drawn.

Examination, palpitation and ouscultation showed an extra-uterine pregnancy in its last stages.

In a few days the cyst was so distended that there was danger of rupture, and author operated, finding the child alive and superb of form and development. It died soon afterwards.

-La Normandie Medicale.



THE MISSISSIPPI VALLEY MED-ICAL ASSOCIATION.

A meeting of the executive committee of the Mississippi Valley Medical Association was held at Atlanta. on May 6, and the following gentlemen were appointed to deliver addresses: Dr. H. N. Moyer, Chicago, "Address on Medicine;" Dr. Horace H. Grant, Louisville, "Address on Surgery.

The indications are that the meeting to be held at St. Paul, on October 20, 21, 22 and 23, will be the largest and most successful in the history of the Association. As all the railroads will offer reduced rates for the round trip an opportunity

will be given to visit St. Paul and

Minnesota during the most delightful season of the year.

C. A. Wheaton, M. D., St. Paul, Minn., chairman Committee of Arrangements; H. O. Walker, M. D., Detroit, Mich., president; H. W. Loeb, M. D., No. 3559 Olive street, St. Louis, secretary.

THE ACTION OF LACTOPHENIN.

(Wiener Med. Presse, 1896., No. 50.) The author reports a large experience with this drug in the treatment of children. He has used it as an antipyretic in pneumonia, bronchitis, typhoid fever and diphtheria. It reduces the temperature promptly, and he reports no untoward effect on the stomach or depressing effect on the heart. Because of the last-named advantage, he has substituted it largely for other antipyretics for children. To infants of one year he gives three-fourths of a grain; at four years he gives one-fifth of the adult dose. -Archives of Pediatrics, June, 1896.

CONFIRMATION DESIRED.

Chattanooga, Tenn., Feb. 13.—Sallie Beckwith, colored, 69 years of age, yesterday gave birth to a quartet of healthy infants, three boys and one girl. The babes weigh about six pounds each. One of the boys has a double row of fully developed teeth.—Boston Globe.

NATURAL THEOLOGY.

Bobby—"Say, mamma, was the baby sent down from heaven?"

Mamma—"Why, yes!"
Bobby—"Um! They likes to have it quiet up there, doesn't they."— Los Angeles World.

"STILL A-KICKING."

He kicked the moment he was born, In a stalwart, lusty cry;

He kicked and howled in his babyhood.

Till the neighbors thought they'd

He kicked when first he went to school,

And he scratched the nursemaid,

He kicked on his college football team-

Yes, he kicked his whole life through.

He kicked right hard in politics, Though he didn't often vote, And he kicked at the way the choir sang,

Though he couldn't sing a note. He kicked the bucket finally, And nobody mourned, you bet!

But, unless his legs have been burned off,

He is probably kicking yet.

—Somerville Journal.

IN THE SUNDAY SCHOOL.

Teacher—"What are the two things necessary to baptism?"

Little Girl—"Please, sir, water and a baby."

-Life.



OXYGEN IN ACUTE ANEMIA.

The patient, aged forty-four years, under Professor Koster's care, at Gothenburg, was suffering from pseudo-leuchemia. Arsenic and quinine had no effect, and the patient was getting gradually worse. Dyspnea being the most distressing symptom, Koster resolved to try the effects of the inhalation of oxygen. After the first inhalation, in which only four litres of gas were used, the dyspnea improved considerably, and disappeared entirely in a few days. The inhalations were continued daily, four litres being consumed each time, and under their influence the spleen diminished in size, the number of red corpuscles increased steadily, and at the end of a month the patient was able to leave the hospital in good health. The remarkable feature in this case, Koster points out, was the small quantity of oxygen required to bring about a favorable result. Usually daily doses of thirty to fifty litres are necessary.

-La Semaine Medicale, Jan. 29, 1896.

THE EFFECT OF ETHER AND CHLOROFORM ON THE KIDNEYS.

Eisendrath (Deutsche Zeitschrift fur Chirurgie, Band XL, 1896), has examined the urine in 130 cases of anesthesia—sixty from ether and seventy from chloroform. No cases were included in which there was fever, or in which the urine contained an excess of urates. Albumen was detected by heat, nitric acid, acetic acid, potassium ferrocyanide and Spigler's test. Sediments were precipitated by the centrifuge. In eight cases out of thirteen in which there was albumen in the urine before the anes-

thesia there was an increase of the albuminuria, four times after ether and four times after chloroform.

Of the patients whose urine was free from albumen before anesthesia, twenty-five per cent. had albuminuria after the inhalation of ether and thirty-two per cent. after the inhalation of chloroform. Often where no albuminuria was detected, the urine contained renal epithelium and tube-casts. Tube-casts were found as frequently after the use of chloroform as of ether, being present in 28.3 per cent. of the cases; but they disappeared from the urine more quickly after ether anesthesia.

-U. Med. Mag.

ASBESTOS AS A SURGICAL DRESSING.

Dr. E. O'N. Kane, an American surgeon, has recently recommended asbestos as a practical and useful substance for a surgical dressing. Such dressings, he remarks, may be carried in any parcel, bag or satchel, may be handled by dirty hands, spattered with blood or any sort of filth, and yet can be rendered absolutely aseptic in less than two minutes by tossing them into a fire. After having completed an operation, the surgeon can have his asbestos dressings removed from a fire, cooled and ready to be applied in a very short space of time. The same dressings can be used, if necessary, though it is advisable to wash off some of the discharge before the dressings are burned. Repeated burnings seem to injure the quality of the material somewhat. The form of asbestos most used is asbestos fibre, which is as soft as silk floss, and its absorbent properties are greater than those of absorbent cotten. Asbestos wicking, packing and cording are adapted for drainage tubes. Dr. Kane's suggestion seems a good one; such a dressing as he describes would be especially suitable for hospital use, and would cause a considerable saving in expenditure.

-London Med. Times.

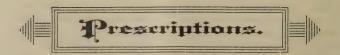
A FOOD FOR CHRONIC INVA-LIDS.

In the treatment of many chronic ailments, attended with debility, the physician is often confronted with the problem of how to supply the patient with an adequate supply of nourishment without overtaxing the digestive organs. This applies particularly to albuminous foods. It is quite common to meet with chronic invalids who manifest a decided repugnance for meats or milk, or whose digestive organs are unequal to the task of disposing of a sufficient amount of these substances. Under these circumstances it is necessary to resort to supplementary foods, and for this purpose various beef extracts have been administered. To be possessed of actual nutritive value, however, such a preparation must contain the albuminous principles in a form that they will be readily digested and assimilated, and in a concentrated state, free from undesirable admixture, which would only act as useless ballast. The more recent physiological researches have shown that when given in the form of albumoses, albuminous substances are more rapidly utilized in the system, while the pure peptones are objectionable for many reasons, among which are their disagreeable taste, their tendency to irritate the stomach, and produce diarrhea. This is sufficient to condemn them, and, as a matter of fact, frequent attempts have been made to eliminate them from food products as much as possible. These attempts met with but little success until the introduction of somatose, which is practically a pure albuminous preparation, containing but a trace of peptones. It is tasteless and odorless, which enables it to be added to other foods without impairing their savor. This

of itself is a point of importance, since invalids and convalescents, especially children, quickly manifest a distaste for the ordinary beef extracts. That the albuminous elements, the albumoses contained in somatose, are perfectly assimilated is evidenced by the rapid increase in weight and strength observed after their addition to the diet. Experiments with the hematometer have revealed that the administration somatose has a prenounced influence in increasing the number of red blood corpuscles, and this is confirmed by the results of clinical observations. In cases of anemia and chlorosis in phthisical and in chronic disorders of the intestinal, as ulcer and cancer of the stomach, its restorative effects have been strikingly exhibited. During convalescence from exhausting diseases and as a food for feeble children it is also a valuable adjunct to the diet.

FERRATIN, IRON TONIC AND FOOD.

(Chicago Med. Recorder, Jan., 1896.) The author reviews the literature on Ferratin, quoting Schmiedeberg, Germain See, Dujardin-Beaumetz, Marfori, Jaquet, Fackler, Einhorn and others, and then cites a case of anemia in his own practice, "because the improvement under the use of ferratin was so striking as to merit special mention." Patient, a girl of 17, became anemic after an attack of grippe, lost her appetite, etc.; condition on November 15 as follows: Face pale, of waxy color; lips and conjunctiva almost white, headaches, insomnia, constipation, shortness of breath, appetite, etc. Half-gramme doses, three times daily, with hygienic regulations, caused improvement after first week, and gradually her appetite returned, headaches and insomnia disappeared, red color was restored to lips and face, and within five weeks the blood corpuscle count showed an increase from 2,-100,000 to 4,150,000 per ccm. Author concludes that "Ferratin can be safely recommended as a hamatinic remedy, with suitable diet, hygiene and exercise not to be neglected."



DIABETES MELLITUS.

Solis Cohen uses codein in certain cases of this disease in gradually increasing doses up to twelve grains or more daily:

R. Codein phosphat.... gr. ii Alcohol.....dr. iv Dilute phosphoric acid....dr. ii Glycerine.....dr. vi Solution of hydrogen dioxide 10 volume) to make...oz. iii.

Dose: Two teaspoonfuls in three

ounces of water.

-College and Clinical Record.

LEUCOCYTHEMIA.

Acid arseniosi.....gr. i. Pil. ferri carbonatis. Quinidiæ sulphat.....aa dr. i. M. et ft. pil. No. xl. Sig.: Two pills three times a day -Da Costa.

RINGWORM OF THE SCALP.

Chrysarobin in collodion has been found to give excellent results in the hands of Dr. C. W. Allen. The dangers and disadvantages of the drug are lessened, and it is thought the collodion acts favorably by shutting out the air. He also advocates the use of an caoutchouc cap fitting snugly to the forehead, if not the entire scalp. Dr. Wolf rubs in twice a day the following for several weeks:

R.	Chrysarobin Acid salicylic						5	parts
	Ichtyol						5	66
	Vaseline						88	66

After it may be followed by:

Powdered zinc oxide		.6	parts
Precipitated sulphur		.4	- 66
Silicated earth		.2	4.6
Benzoated lard		.8	66

until the irritation has subsided. Dr. Hutchins found pyrogallic acid (2 to 3 per cent.) in collodion rapidly curative.

-Medical Record.

CHLOROSIS.

With careful attention to diet, and a tepid sponge followed by brisk toweling both night and morning, the late Sir Andrew Clark recommended the following to be taken twice a day:

 \mathbf{R} Dried sulphate of iron....24 grs. Ppsom salts. 6 dr.
Aromatic sulphuric acid 1 dr.
Tincture ginger 2 drs.
Infusion of gentian and quas-

One-sixth part to be taken twice daily, about 11 and 6 o'clock.

Occasionally this acid mixture produces sickness, dries the skin, and is otherwise ill borne, when other remedies must be selected, preferably:

Dried sulphate of iron....24 grs. Bicarbonate of soda2 drs. Spirit of chloroform 1 dr. Infusion of quassia 8 oz. One-sixth part twice daily, at 11 and 6

o'clock.

Sometimes neither mixture agrees, when sulphate of iron in pill with meals, and a saline aperient on first waking in the morning, may be substituted. By this plan Sir Andrew held that nine out of ten cases of chlorosis recover in from one to three months, and by careful attention to the bowels, taking twice a week a pill composed of aloes, myrrh and iron, the recovery will be permanent.

-Lancet.

INSECT STINGS.

Neal recommends the following especially in mosquito bites:

> Pulv. ipecacuanhæ.....dr. ss. Spt. vini. rectific. Aetherisaa oz. ss.

Beta-naphthol soothes the irritation produced by bites of fleas, bed bugs and mosquitoes. It may be used as a powder, lotion or ointment. Ammonia, soda carbonate, potassium bicarbonate dr. ss—og. i) may also be

CONSTIPATION OF PREGNANCY.

R.	Aloine .		 	 	.gr. ½
	Ext. bell	ad	 	 	.gr. 1/4
	Cascar.	sag.	 	 	.gr. $\frac{1}{2}$
	Strychn.	sulph	 	 	.gr. 1-60
					—Hirst.

WHOOPING COUGH.

R.	Bromoform	M 16
20.	Sp. vini. rect	.dr. ii.
	Glycerin	oz. iss.
	Tinet, card. co	oz. ii.
Mix	in the order given.	
CA .	A description of the second of the	bonne

Sig.—A teaspoonful every six hours for each year of her age.

ECZEMA OF THE EAR.

In moist eczema of this region, when the eruption is confluent and situated in the auricle and behind the ear, and in those cases in which a chronic discharge from the middle ear has caused small vesicles to appear in the meatus itself, Dr. Chetellier recommends that the affected part be washed with a very weak warm solution of bichloride of mercury three or four times daily. After it has been carefully dried with absorbent wool, the meatus should be filled with finely powdered iodol, and the external parts dusted with the same reagent, while a pledget of cotton wool should be placed in the canal. In dry eczema, affecting the auricle or the adjacent part, the mild perchloride wash may be used, and the following salve applied:

Iodol									. 8	gr.	X	v.	
Lanolin													

When the external auditory canal is involved the epithelial scales should be removed by irrigation, and by means of absorbent wool twisted upon a probe. The canal should then be filled with

Iodol		 	.gr. xv.
			oz. i.

and a plug of cotton wool inserted to assist in retaining the fluid. The dressing should be changed night and morning, and as a rule the eczema will be cured in a fortnight.

-Revue. Internationale de Biblographic Medicale.

RHEUMATIC DYSMENORRHEA.

R. Acidi salicylic.
Sodii bicarbonat..aa 10.0 (dr.2½)
Tinet. stramonii ...15.0 (dr. 3¾)
Vini colchica rad.
Glycerineaa 30.0 (dr. 7½)

HAY ASTHMA (SUMMER CATARRH).

R. Pottassi iodidi.....10.0 (dr. 2½)
Liq. potassi arsenit..5.0 (dr. 1½)
Aquae120.0 oz. 3¾)
M. Sig.—Teaspoonful every four hours.

PAROTITIS (MUMPS).

R. Lanolinae40.0 (oz. 11/4)
Plumbi iodidi.
Amm. hydrochlorat.aa 4.0 (dr. 1)
Ess. rosae(4 gtt.)
M. Sig.—Apply locally twice a day.

DIARRHOEA.

I have treated a good many cases with this formula (which must be freshly made), and generally begin my treatment with a purgative and order an easily assimilated diet, especially milk diet.

MALARIA.

R. Methylene blue2.0 (dr. ½)
Pulv. nucis vomicae ...0.20 (gr. 3)
M. et pil. No. 20. Sig.—Take eight daily.

Or

R. Methylene blue......2.0 (dr. ½)
Ext. belladonnae0.20 (gr. 3)
M. et ft. pil. No. 20. Sig.—Take five daily.
—Med. World.



THE BITING OF THE FINGER NAILS.

This is a most disgusting and foolish habit, but one that can be easily broken up if the individual is young. In infancy the habit of "sucking the thumb," which seems to give some babies such satisfaction, ought, nevertheless, to be stopped. Not only does the child suck in wind and colic, but this habit is often the foundation of biting the nails. Not only does the shape of the nails become impaired by this ceaseless gnawing at the tips, but the health is generally affected. Small children may usually be cured by dipping the end of their fingers repeatedly in some very disagreeable bitter substance, like quassia, the taste of which is not easily removed. A story is related of a woman over 50, who broke herself of this habit by persistent attention to her fin-She began with one finger, then with another, giving each one special attention, and when she had succeeded in securing on one of these fingers a long nail of fair shape, she took up another. It took her months to break herself of gnawing at the last finger.

USEFUL THINGS TO KNOW.

To unite glass neatly put a little isinglass in spirits of wine, and when dissolved, add a small quantity of water. Melt the mixture over a slow fire, and apply to the broken pieces; the joint will be almost imperceptible.

Milk that has been standing any length of time in a jug should always be carefully poured into another jug, leaving a little at the bottom, for it is injurious to health and this portion of the milk has often been known to cause typhoid fever.

Keep all poisonous medicines in a separate place with any other external remedies. When a new bottle comes in read the directions given carefully, noting whether the bottle is to be shaken, and if water is to be mixed with it before it is given to the patient.

Nothing will give such a polish to glass, even the finest, as slightly moist newspaper to wash it; use a dry newspaper to give the finishing touches.

The danger of infection during epidemics is very much lessened if people will take a warm bath daily, at night, if possible, and eat very nourishing food.

Powdered charcoal, if laid thick on a burn, causes the immediate abatement of the pain. A superficial burn can thus be healed in about an hour.

Warm milk used as a wash at night makes hard, coarse, or rough skin soft.

Candles and soap are cheaper when bought in rather large quantities; they also last longer if kept in stock for some time to harden.

Ripe tomatoes will remove ink and other stains from white cloth; also from the hands.

-Boston Traveler.

ODDS AND ENDS.

Charcoal is one of the best friends of the housewife. All sorts of utensils which have become musty through disuse or impregnated with the odors of strong vegetables through constant use, may be purified by rinsing with water in which powdered charcoal is sprinkled. Charcoal placed in the compartments of a refrigerator in which strong-smelling foods are kept, will prevent the odors from reaching the butter, milk and other odor-absorbing foods.

Put a lump of camphor in the case with the silverware when packing it away for the summer months. If this be done the silver will be less liable to become discolored.

A bag hanging in the kitchen to hold all the bits of string that come in on packages, each one neatly rolled up by itself, will be found very useful and save many steps, as will also a box to receive all the bags and pieces of brown paper that come to hand, and may be needed later for various household affairs. A hook screwed into the wall over the kitchen table, and holding a good-sized pair of scissors, is another household necessity.

Either walk, lie down an hour, read or sew, do fancy work, visit or chat with a congenial friend. The result of a month's fair trial of this plan will encourage any woman to further effort in the same direction.

To take a stain from a desk, caused by hot water, take equal parts alcohol and ether, apply quickly with a flannel cloth; if not applied quickly will remove varnish.

Ammonia and water have long been regarded the staple cleansing fluids for hair brushes. But this treatment, though satisfactory enough as far as cleaning is concerned, is ruinous to the bristles, softening and eventually destroying them. A better method is to rub them in dry Indian meal until the oil and dust are completely removed from the brush.

-New York World.

A REFRESHING BATH.

The following is the formula of a "rejuvenator" from which Sarah Bernhardt is said to get unfailing refreshment. It is a liquid in which she is bathed from head to fcot-an eau sedative, Madame Bernhardt calls it. The prescription is as follows: Two ounces of spirits of ammonia, two ounces of spirits of camphor, one cup and a half of sea salt, two cups of alcohol. Put all into a quart bottle and fill with boiling water. Shake before using. The method of application is very simple. The body is bathed with a soft sponge dipped in the undiluted liquid, and dried with the slight friction of a smooth towel. After the bath the stiffness and soreness of fatigue are all gone, the circulation is stimulated, and a gentle languor is induced, followed by a desire to sleep.

-The Practitioneer.

CURING SEA SICKNESS.

Sea sickness can be relieved in several ways, and one doctor, after four years' experience, says there is no remedy like Worcestershire sauce, in teaspoonful doses, given without water, for both preventing and curing sea sickness.

It should be supplemented in some cases by the application of a lightly applied bandage, and resting on the right side, taking frequently small quantities of fluid food, such as good beef tea, with cayenne pepper in it.

No stimulant must be taken, and the feet should be kept warm with a hot brick or bottle. This treatment is very effective.

As a remedy for warding off the evil, apply with a brush collodion in three successive layers on the epigastric region over the stomach and neighboring parts. It acts as a powerful anti-emetic. The diet and state of health should be looked after for a week before the trip, or a voyage on the ocean. Pastry and all rich foods should be avoided, and a course of cooling medicine taken to cleanse and purify the blood.

A strong cup of pure black, unsweetened coffee, taken an hour before starting, and three hours after a substantial, but easily digested meal, is also a great preventive.

-Philadelphia Press.

A REMEDY FOR DANDRUFF.

A physician thus gives his experience in the Louisville Medical

Monthly:

"Having suffered much inconvenience from dandruff, and having resorted to many advertised nostrums and other means for relief, among which were various alcoholic solutions of castor oil, and washing the scalp with solutions of borax and carbonate of potassa, which latter, although effectual for the relief of the dandruff, seemed to impair the vitality of the hair, and cause it to become very sensibly thinner, was finally induced, from my knowledge of the frequent efficacy of sulphur in certain cutaneous affections, to try a preparation of an ounce of the flour of sulphur in a quart of water as follows, with the happiest result: The sulphur was frequently agitated in the water during intervals of a few hours and the clear liquid then poured off, with which the head was saturated every morning. In a few weeks every trace of dandruff had disappeared, and the hair became soft and glossy. After discontinuing the treatment for eighteen months there is no return of the disease. The remedy is highly recommended.

-Medical Summary.

DIGESTIBLE FOOD.

One of the biggest mistakes about food which people make is to forget that the true value of food to anybody is the measure of its digestibility. Half a pound of cheese is vastly more nourishing, as regards its mere composition, than half a pound of beef, but while the beef will be easily digested, and thus be of vast service to us, the cheese is put out of court altogether for ordinary folks by reason of its indigestibility. We should bear this rule in mind when we hear people comparing one food with another in respect to their chemical value.

-London Hospital.

IN A WOMAN'S STOMACH.

A woman recently died at Albany, N. Y., who, for a number of years, had been possessed with a manial for swallowing all sorts of indigestible substances. The autopsy revealed in her stomach fifty-one hair-pins, sixteen needles, thirty-two nails of all sizes, two screws, three pieces of iron rod, three inches long and one-fourth inch in diameter; two rolls of hair, two pieces of wood, and three pieces of cloth, each of the latter being about five inches long and one inch wide.

-Medical Review.

M. Furitieres, a Frenchman, says that soup taken at the commencement of a dinner causes distension of the stomach most harmful to a proper assimilation of the solids that follow, and he endeavors to show that in the soup there is little or no nourishment. It is absurd, however, to assert that the stronger and richer purees do not contain a large amount of nutrition. They are, in fact, a meal by themselves, should be treated as such, and not be followed by other food, except, perhaps, a light repast of vegetables. A case in point is found in potage a la bouride et a l'aillolis, which is a Provencal form of bouillabaisse. The bouride, which is a fish, is boiled with garlic, spices, wine and bouillon. To this liquor, when the fish is withdrawn, is added a mayonnaise made with a clove of garlic crushed in a little salt, yolks of eggs, and oil slowly and carefully incorporated as in ordinary mayonnaise for a salad dressing. -Am Med. Review.

The Times and Register.

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Joseph R. Clausen, A.M., M.D., Manager, No. 717 BETZ BUILDING, PHILADELPHIA. PA.

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BILIARY CALCULI.

Case reported by Dr. George E. Jones before the Cincinnati Obstetrical Society.

Miss M., white, aged 42. Seamtress, admitted to Christ's Hospital, November 6, 1895. Mother died of kidney disease.

In 1892 she began to be troubled with gastric irritation. About five months previous to her admission to the hospital she had what her medical attendant called "gastric ulcer and dyspepsia." She could not retain anything on her stomach for any length of time; occasional attacks of jaundice; the last, though slight, of about three weeks duration. Has lost considerable flesh. Finally it was diagnosed "cancer of the liver."

On examination there was tenderness over the abdomen, right side, extending around to the lumbar region; in fact, continual pain, at times intense. All and any movement or exertion, standing, walking, riding over a rough road, aggravated the severity of the pain.

In turning from side to side she complained of something falling, or when in an upright position of a dragging down sensation accompanied with a feeling as if something was torn loose. Pain down both thighs, more in the right. Nausea. Great pain over the renal region, also the so-called depression of the renal space. In a word, every symptom pointing to a case of movable kidney.

She was quite hysterical and became despondent at times. Her appetite was good; bowels acted normally; stool normal in character without odor, but she was not in a condition for making an exploratory operation.

Taking tonics and plenty of rest with the necessary good hygienic surroundings, in a few weeks she became much improved and I determined to make the above operation. In the meantime I called in Drs. Conner, Dandridge, Oliver, George Allen and Hall. All except Dr. Hall leaned toward the idea of movable kidney. Dr. Hall was non-committal.

December 6, I concluded to operate. Drs. Conner, George Allen, Oliver, Haines and several others, present; Dr. Oliver assisting. The patient was placed in the usual position, lying over a hard pillow so as to give me all the space between the last rib and the crest of the ilium. As soon as the patient was under the influence of chloroform, I made the usual incision. After getting down to the renal fat I began to feel for the kidney and found it just where nature intended it should be, in its proper place. Feeling somewhat annoyed, I began to feel around to see what was the matter. My finger came in contact with a cyst pointing to the opening. I began to suspect that I had gotten hold of a wandering gall bladder. I requested Dr. Oliver to examine what I had. After careful examination he said it looked to him as if we had struck a stone-quarry. I then, with the aid of two pressure forceps, brought the cyst to the opening and packed the side with gauze. I made an incision and a large amount of bile made its escape. With the forceps I extracted seven large stones, but with a good deal of difficulty. The eighth which was extracted was of good size and required some force to bring it. After washing out the bladder. I stitched the wall of the cyst to the wound, placed a drainage tube, made the usual dressing and put the patient to bed. Her convalescence was somewhat protracted, but she eventually recovered.

DISCUSSION.

Dr. Eichberg:—Mr. President and Gentlemen of the Obstetrical Society:
—A large part of the interest connected with the subject of gallstones, from a medical standpoint, has to do with the etiology. The work

of Charcot has cleared up much that was uncertain in this direction. It was found that gall-stones occurred more frequently in women and chiefly during the sexual life of women, from the 20th to the 55th year. The predisposition to the formation of gall-stones was traced largely to the function of gestation and lactation, in which there is a physiological tendency to the accumulation of fat at a time when the woman is likely to take little physical exercise. It was probably for the same reason they were found to occur in persons who in early life suffered from acute articular rheumatism, the accompanying valvular lesion enforcing a quiet life. This would keep them from the more vigorous movements later on. The formation of gall-stones was found also to be more frequent in the victims of lithaemia. Obesity seemed to be a predisposing cause. Here again there was a lack of exercise and an over indulgence particularly in the amylaceous products. bile retains its solution largely by reason of its strong alkalinity. In making post-mortem examinations when gall-stones have accidentally been found, it has been ascertained that the alkalinity of the bile was almost invariably reduced and frequently it was neutral, or even feebly acid in its reaction. The principal ingredient of gall-stones we known is cholesterin, which probably forms 90 per cent. of the total ingredients of biliary calculi. It was supposed for a time that the gall-stones were found in consequence of an excess of cholesterin in the bile, but now it has been shown from the contents of gall bladders taken from post-mortem tables, as well as the analyses of bile from fistulae, that the proportion of cholesterin remains the same in cholelithiasis as in normal bile. Now some experimenters would find the cause in the secretion of a thick and viscid mucus which forms the nucleus of the gall-stone. Support to this theory is lent by the fact that if a gall-stone is divided by a fine saw it is found to be formed of three layers, the inner layer being composed of a thickened, crystalline substance, or else an opening, as

if the stone had been formed around a hole. I think there is but little doubt at the present time in the minds of those who have investigated this subject that the excess of mucus in the bile would not act like a foreign body in any saturated saline solution or as the thread in the syrup in making rock candy, giving a nucleus about which the crystalization of dissolved substances can take place.

The diagnostic points in connectio with biliary calculi have been brought out to some extent in the papers we have heard this evening. Special stress has been laid on the absence of jaundice, and rightly so, as well as on the exceptional location of the pain. I would call attention to a sign of some importance. In cases which have come under my own notice, it was always possible within twelve hours after the occurrence of an attack to find some trace of bile coloring matter in the urine. It is supposed the colic is caused, not by the stone in the gall bladder, but by the stone being in the duct. Its location in this particular spot gives rise to temporary obstruction. This, coupled with muscular contraction of the gall bladder, forces some bile into the lymphatics and thereby causes the appearance in the urine within twelve hours of a sufficient quantity of bile coloring matter to be recognized by a careful I would agree with examination. most of the gentlemen who have presented papers this evening that the diagnosis of gall-stones is not made sufficiently often. Pains, which are often ascribed to other causes, are frequently traceable to gall-stone. The hepatic, intermittent fever, it has been claimed, never appears unless there is an inflammation at the same time of the bile ducts extending up into the substance of the liver, as well as affecting the larger ducts themselves. Cases have occurred in which on post-mortem examination the liver has been found the seat of disturbance, where the diagnosis was missed during life owing to the marked fever. It often would lead to elevations of temperature, 103 degrees, 104 degrees or 105 degrees. Taking

into account the sex of the patient, the condition of obesity, sedentary habits, excesses, particularly in the direction of starchy or saccharine foods, and an inherited tendency to gout, or a previous rheumatism, the pain should not leave us long in doubt. It is important the diagnosis should be made early in these cases, because in many instances it is possible by purely medical treatment to overcome the difficulty.

The medical treatment of cholelithiasis resolves itself into the medical treatment of the attack and the medical treatment of the interval. I wish to emphasize the importance of this feature because the cases usually come under the care of the physician primarily, and because most of these cases do not present distinct tumers unless there be a decided obstruction in the common duct. An obstruction of the cystic duct blocks. the channel in both ways and converts the duct into a cyst. Therefore the early recognition of the true nature of the cause is of the very greatest importance. The treatment of an attack resolves itself largely into a treatment of the pain, for which there is nothing better, of course, than morphia. The old fashioned formula of turpentine and ether derives its therapeutic principle from the ether, which serves as a diffusible stimulant and not as a solvent of the calculus. But in the intervals of the attacks much can be accomplished by general measures. By diminishing the concentration of the bile, we lessen just by so much the tendency to deposit some of its solid ingredients. This can be accomplished easily by alkaline mineral waters, which not only increase secretion, but also maintain the alkalinity of the fluid and thereby lessen the chances of precipitation. Each country is partial to its own alkaline spring, but perhaps there has been no water which has attained a greater reputation than the Carlsbad spring in Bohemia. In the neighborhood of this city I think there is a water, the French Lick Springs, which can accomplish just as much as the Carlsbad water. A strict regulation of the diet is a matter of very great importance, a regulation both as to quantity and quality. As has been noted in the history of the cases reported this evening, the most prominent symptoms are gastric in character; nausea and distress after taking food, a vague pain in the stomach. By giving the stomach rest between meals, and not overloading the stomach with food it cannot master, we place the liver in a better condition. The starchy foods should, if possible, be prohibited entirely. I have in mind a case of hepatic colic occurring in a young woman after her first pregnancy, who, according to direction, abstained entirely from starchy food for one year, during which time she took horse-back riding, frequent hot baths and mineral water. She has not had an attack since.

It is true the cholesterin found in the bile is not obtained entirely from the starch or fatty foods, being formed from organic compounds as well. But if we overload the stomach with starch and fat we favor the development of a fatty infiltration of the liver, with consequent functual impairment of its cells, and alteration of the biliary secretion with dictory restriction. The relief of the condition on which the formation of gall-stones depends can thus usually be accomplished. As to the solution of the stone already formed we cannot promise so much. A number of remedies have been proposed for this purpose. But we meet with the same difficulties here that we do in the urinary bladder. cause solvents will dispose of concretions in test tubes it does not follow that a test solution will accomplish the same purpose in the economv. The mixture of ether and turpentine was first given for this purpose, but this has long since been given up as being of comparatively little value. The salicylate of soda does more to produce a chologogue effect and assist in the dissolving of small stones; dose, 30 to 35 grains daily. The stones, probably under increased biliary pressure, are forced out. The use of olive oil, which has been largely recommended, particu-Tarly in the South, and the ingestion

of which in large quantity has been supposed to result in the passage of biliary concretions, is not sanctioned by practice at the present time. The quantities taken are enormous and usually prove nauseating. The masses passed are simply the more insoluble fatty principles of the oil which pass through the intestinal canal. As to the stools remaining unchanged, this, of course, is easily explained by a stone in the biliary duct.

There is another point to which I would like to direct attention from a medical standpoint. I am inclined to believe gall-stones under the 50th or 55th year are probably more frequently associated with malignant disease than has hitherto been recognized, and I believe they are associated with malignant disease in more or less of a causal relation. An autopsy I saw at the City Hospital is strongly confirmatory of this fact. A patient died of carcinoma. The hepatic and common duct were free and patulous and the patient had had stools of normal color all his life. The gall bladder was completely occluded and converted into a cyst about the size of a hen's egg, containing a perfectly clear fluid. The cystic duct was obstructed by a calculus, and around this calculus there had formed a malignant growth. which extended from the cystic duct to the substance of the liver, and gave rise to a secondary enlargement there about the size of an orange. Gall-stones early in life probably do not produce such a result, but in gallstones after the 50th year I think operation is more necessary than in earlier years, because of the danger of a carcinoma developing from irirritation of the calculus. It is wonderful how much biliary colic may exist and sudden all of the symptoms entirely disappear. I believe this is usually due to an ulceration whereby the stone finds its way into the sman intestine and allows a free passage of the bilem so that all the symptoms, including the jaundice, are no longer present. I remember two cases of jaundice, present in one case three years, in another eighteen months, when after some fever and considerable pain, the jaundice permanently disappeared and the condition of the patients improved very

materially.

There is one other condition I would like to call attention to, and that is the care of the intense, almost intolerable itching of the skin. Many cases complain of nothing so much as of this intense cutaneous itching, which disturbs the rest by night and gives them no peace by day. An old treatment is the ad-

ministration of calomel in one-half grain doses for six or eight days, the doses repeated every two hours, so the patient takes six grains of calomel in the day. It rarely results in salivation, frequently causes the passage of greenish stools and promotes more rapid secretion of bile. This treatment has been lately revived and very excellent results are claimed for it by many German observers.

(To be Continued.)

LA FOLIE EROTIQUE.

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS

Translated from the third French edition by F. E. Chandler, M. D.

(Continued from last number.)

PART II.

SEXUAL EXCITEMENT.

Gentlemen: — In the preceding lecture I endeavored to trace for you a picture of chaste love, where the greatest extravagances remain bounded by sentiment and are never profaned by the intervention of the senses. I have shown you examples of this mania carried to the last limits of insanity without ever introducing an idea foreign to platonic love.

I now have to speak to you of an entirely different state of things in which the physical element comes to claim the predominance and to place itself well in evidence. But, before going further, a distinction is necessary.

We are neither moralists nor philosophers, but alienists and physicians; it is not our place to show you the picture of vice, but that of insanity. It is our business to study facts in which the morbid element plays a preponderant role and where the patient may be considered as a true madman whose liberty is compromised and whose responsibility is, to say the least, diminished.

These points fixed, we shall commence:

I wish to recall to you the classification that we formulated in the preceding lesson. Besides the insanity of chaste love (erotomania) we have sexual excitement, that we distinguish from sexual perversion, which will be the subject of a subsequent lecture.

We have three forms of sexual ex-

citement. These are:
The hallucinatory form.

The aphrodisiac form.

The obscene form.

THE HALLUCINATORY FORM.

The young man whom we have before us to-day has a very complex form of insanity, upon which the sexual hallucinations stand out in relief.

He is 21 years of age, handsome

and physically well made.

His heredity is unknown to us, but we have learned that he was educated for the priesthood. He passed his B. A. and was endeavoring to take his M. A. and B. D. together. In all probability he worked too hard for his strength and this has produced the most deplorable results; it is a victim of overwork that I bring before you.

We cannot fix the precise date when his intellectual disorder first showed itself; but we find him already insane at a well fixed date. Cardinal Guibert had just died. Our patient goes to the archiepiscopal palace to demand his inheritance; he declares that the Pope had formally promised him the cardinal's hat and the Archiepiscopal See of Paris after the death of Monseigneur Guibert and that Monseigneur Richard was merely an usurper.

I hardly need tell you that he was immediately arrested and sent to the "Clinique des Maladies Mentales"

a few days later.

The insane ideas of this patient are

quite varied.

In the first place he is ambitious; he thinks he will have a cardinal's hat and be called to the highest honors, and imagines that he is destined to become a mark of admiration for future generations.

In the second place, he is persecuted; he has enemies who, not satisfied with opposing his progress, heap the grossest outrages upon him.

It seems, then, that in this patient the ambitious ideas preceded those of persecution instead of following them as is so often the case.

But this is not all; our patient is a most positive hypochondriac.

He laments his good looks that he was so proud of. He complains that his forehead is growing lower, that the charming oval of his face is changing and that his jaws are becoming prominent. He imagines that he has a softening of all the bones of the cranium and even a perforation in one of them. We will give you a few extracts from his correspondence that will suffice to show the state of his mind:

"Monsieur:—One thing, very insignificant in appearance, but which troubles me exceedingly, is the frightful change they are making in my

"I wish that they would leave my forehead as it formerly was. I prefer to know that my skull is full of water to having my forehead made lower and my skull smaller.

"Why do they make me a big nose instead of the delicate one I used to have? Why do they not give me back the beautiful and graceful oval of my face? Why do they make my skull so soft that all the foolish ideas which are put into my head escape through the scalp?"

These quotations show us plainly that hypochondria is in complete possession of him, but what we must call especial attention to are his sexual hallucinations, which give to his insanity a special tendency and make it come under the head of the erotic form.

He thinks that he is continually the victim of pederasts and uses some strange expressions to explain his ideas.

"I am," said he, "the victim of brute beasts, endowed with the spirit of Pourceaunacs."

We must understand by this that he has special sensations localized at the margin of the anus.

He pretends that his enemies have carried their outrages so far as to change his sex. His persecutors have succeeded in changing him into a girl.

"I am," he writes, "the prostitute of all the madmen of Sainte-Anne, not one of whom is of noble birth." (He is mistaken there.)

He adds: "How can I have any appetite when I go to my meals with the nose, mouth and intestines gorged with semen!"

He believes also that the perforation of the skull of which he complains is used by his persecutors to inject semen into his brain. He strives with all his might against this defilement, but in vain. This makes him extremely unhappy.

him extremely unhappy.

Our patient is then a madman of the most complex species, but he comes especially under the head of the erotic insane, with hallucinations.

Nothing is more common in mental pathology than cases of this class.

We meet them often in a great number of psychoses; in puerperal insanity, in hysteria, in alcoholism, in acute and chronic mania; almost every patient with religious insanity is a victim of it; in short, this delusion may cover by itself the whole pathological ground.

In Dr. Baillarger's celebrated work on hallucinations (1), we find the case of a young girl, expert workwoman; intelligent, strictly moral, but always tormented with similar hallucina-

She experienced every imaginable sensation of this kind, from the slightest touch to complete sexual connection. It is not without interest to remark that, physically, she was absolutely virtuous. This young woman made her hallucinations the almost unique subject of her conversation; she spoke of them to her friends and acquaintances, with such a wealth of details that she shocked even the most easy going of them. After several years of illness she seemed to have been wholly cured by marriage.

In the case just mentioned, this hallucination was the only form of mental derangement discoverable, but these troubles are much more common in patients whose mind is deranged in other ways, like the young man whom I made the subject

of this lecture.

I will now bring to your notice two other cases that came under my personal observation.

Some years ago an insane man confined in an asylum imagined that the Government, to punish him for his political opinions, sent to his retreat and even to his room, men, who tried to perform the most outrageous operations upon him.

Another, and an extremely different type.

An alcoholic, whom I had in my ward at the Saint-Antoine Hospital, imagined that some persecutors, whom he called "pumpers," would fall furiously upon his sexual organs at every opportunity. He complained that someone was always coming to pump away his sap and dry up the springs of his life.

These hallucinations made him extremely dangerous, for whenever one came on he would throw himself on the nearest bystander, taking him

for a "pumper."

One day he rushed, nearly naked, into the hospital yard after a Sister of Charity, who barely escaped him.

The form of insanity that I have just spoken of may sometimes be

epidemic (1).

It has often broken out in bands of women and in the convents espe-

cially.

The history of the nuns of Cologne who had almost nightly visitations of Satan, is well known. Their complaints made a great uproar in the city; but there were some sceptics like Jean de Wier, who broadly hinted that certain young men of the town, climbed the walls of the convent to usurp the character of the devil.

Things went much farther in the celebrated epidemics that attacked the nuns of Aix-en-Provence, and of the Urselines, of Loudun, which, as you are well aware, ended in trials for sorcery and closed with the burning of some of the pretended sorcerers.

The accusations started from some nuns who were evidently hysterical and pretended to have had intimate relations with the unfortunates

whom they accused.

It is of the greatest importance to remember that even in our own sceptical era when magicians can hardly aspire to the martyr's crown. accusations of this kind are extremely serious and may have most serious consequences.

A woman with hallucinatory insanity may in perfect good faith, accuse her physician, her friends and her domestics of having attempted rape on her person; she succeeds in getting a hearing, the law intervenes and it is often difficult or impossible for the accused person to prove his innocence; a thousand most trivial circumstances may give a color of truth to the accusation and may sometimes influence a verdict that will cause the ruin of an honest man.

In practice we should visit such patients only in the presence of wit-

nesses.

^{(1). (}Baillarger, des hallucinations. des causes qui les produisent, et des mal-adies quielles characterisent. Paris, 1870.

^{1.} See Calmeil, De la folie consideree sous le point de vue pathologique, philosophique et historique.

APHRODISIAC FORM.

Let us now discuss the aphrodisiac

form of sexual excitation.

There are persons in whom there exists normally an exaggeration of the sexual appetite. These are libertines, debauchees and satyrs, but they are not insane.

There exists in a great number of insane people an unusually excitable state of the genital instinct. This phenomenon is met with in the beginning of general paralysis; we see it very often in puerperal insanity; it

is very common in idiots.

There are, however, still other individuals in whom sexual excitement, carried to the limits of insanity, constitutes a disease in itself. The patients are reasonable and well behaved in every other respect; but their appetites are such as to compromise their social position and force their families to have them put in confinement.

I can give you no better example of this than the case reported by Trelat in his interesting work on "Folie Lucide," which, if somewhat wanting in general ideas, nevertheless contains a large collection of precious facts.

"Mme. V., a lady of medium height, dark complexion, attractive features, very polite and well bred, was entrusted to our care on January 1,

1854.

"Questioned, she answered perfectly every query, and then went to work with her needle, and in spite of her 69 years accomplished a great deal. She was always good natured and busy, never moving except when told that she must go to her meals or to take exercise. Nothing either in her face or actions have ever, during her stay in the asylum, shown the least mental derangement.

"For four years not one obscene word or gesture, not the slightest movement of emotion, anger or impatience. While in captivity she is perfection, but cannot be trusted to

have her liberty.

"During the whole of her life, even from childhood, she has been mancrazy.

"When a young girl, she importurned men and harassed and afflicted her parents by her conduct. Although of the quietest disposition and most amiable and charming character, blushing when addressed, casting down her eyes when in the presence of several people, yet, as soon as she could contrive to be alone with a male, whether old, young or even a child, she was suddenly transformed and would attack with savage energy the object of her amorous fury. In these moments the girl who a moment before had seemed a virgin, had become a Messalina.

"She sometimes encountered resistance, and on one occasion, even a good whipping, but her advances

were generally met half way.

"In spite of more than one adventure of this kind, her parents, hoping to put an end to her vagaries, succeeded in marrying her off. Marriage was only one additional scandal

for her.

"She loved her husband madly; but she loved with equal ferver every man with whom she could manage to find herself alone. Anyone was good enough for her, a workman, a passerby whom she succeeded in getting to her room by some pretext; a young man, an apprentice, a domestic, a school boy! She addressed them so politely and candidly that each one followed her without distrust.

"More than once she was beaten and robbed, but that did not keep

her from beginning again.

"When a grandmother she continued the same manner of life.

"One day she cajoled a little boy 12 years of age into her room by telling him that his mother was coming there. She then gave him candy, kissed him, caressed him but when she wished to undress him the child rebelled, struck her and went and told the whole story to his brother, who took the law into his own hands and gave her a sound thrashing.

"While this was going on her sonin-law arrived, guessed the trouble and sided with the stranger.

"She was now sent to a convent where the nuns found her so gentle and good, so docile and of an innocence so virginal that they would not believe that she had ever committed the least indiscretion and so sent her home. She had while in the convent edified all the nuns by the fervor with which she fulfilled her religious duties.

"Once free, she recommenced her scandals and the whole of her life

passed the same way.

"Her husband and children hoped that age would assist them in moderating the flames that devoured her. They were mistaken. The more excesses she committed and the stouter she grew, the more fresh and attractive she seemed. How is it possible that such low tastes and abominable habits could leave so much sweetness to the features, so much youth to the voice, so much quiet to the bearing and such honesty to the glance?

"After the death of her husband her children gave her an annual allowance, and sent her to live out of

town.

"As she advanced in years she found that she was obliged to pay for the favors she received and since her allowance was not large enough for this purpose she worked indefa-

tigably to increase it.

"To see this woman, over 70 years old, doing needle work so well and without glasses, always cleanly; carefully, but simply dressed, the countenance honest and candid, never should we have imagined all this vileness.

"Even if informed of it, we should

not have believed it without the most convincing proofs.

"This degraded woman, this monster of lust, kept to the very end her calmness, her inalterable gentleness and her appearance of honesty.

"In the first days of May, 1858, she complained of a numbness of the right extremeties and died on the 17th of the same month of a cerebral hemorrhage, as the autopsy proved."

Two important points must be noted in this case.

In spite of her uncontrollable appetites this patient never showed symptoms of any other intellectual disorder.

In spite of her depraved tastes, she enjoyed excellent health up to the

last day of her life.

We could multiply examples of this kind. There are many to be found in the different authors, and several historic personages have shown analogous dispositions.

There are other patients where this form of insanity may show itself periodically, as do attacks of dipso-

mania.

But it is enough for me to have shown you a purely typical case of erotic insanity of the aphrodisiac form, which was independent of all other diseases whether mental or physical.

In our next lecture we shall treat of the obscene form of the disease.

(To be Continued.)



VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYSIOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

ON THE LOSS OF BLOOD; ITS IN-HERENT HAEMOSTATIC PROPERTIES.

Percival Pott bled a young ass to death which weighed 79 pounds. When one and one-half pounds of blood escaped the animal succumbed—about one-fiftieth of its weight.

Sir Astley Cooper estimated that the average animal could lose about one-sixtieth of its weight by bleeding without imminent danger to life. This was about Hunter's estimate.

Haller claimed that about one-fifth of the weight of the healthy average body was blood; of which about three-fourths was in the veins and one-fourth in the arteries.

This proportioned estimate seems rather high; as some physiologists place it as low as 1 to 9. But all estimates of the exact volume of the sanguinous fluid are inexact; although there is no doubt Haller's is the nearest.

Physiologists have endeavored to express all the blood by irrigating the vascular system, and then striving to strike a balance. The difficulty arises in the want of a proper appreciation of what really is blood.

In man to speak of the "vascular system," meaning thereby, those channels which carry red blood is a mistake for man has a duplex vascular system, one, without a central organ, containing colorless fluid; and it is the opinion of Stricker and other investigators, that the so-called lymph system and the sanguinous, are through the capillaries, continuous. It is certainly, easily demonstrable that elements of lymph make their way through the capillaries, in every region and every accessible structure in the living body, to be again poured

into the blood in the afferent vessels.

Therefore, when we take into account and blend together practically, all the aqueous elements of the body, if we except the secretions, viz., the red blood, the colorless or lymph and the plasmic currents, and consider that they all, really, are integral parts of a common whole, inasmuch as they all and always during life are in constant motion, we will find that Haller's estimate is much too low, and that one-half would be nearer an accurate estimate than one-fifth.

Hunter taught that the blood was "life," hence he often speaks of "life's current as the vital current." The lymph he regarded as closely allied to the blood physiologically; supplying the "seed" for the corpuscles; a theory that stands well forward today.

As he puts it, "blood was to the organs what power was to machinery."

It was endowed with life and was capable of regeneration. Arteries and veins can be regenerated. He ligated the common carotid of a sheep and then resected three inches. In 27 days it was entirely restored, with its lumen well open and carrying a current of blood equally as large as its undisturbed fellow.

ON SOME OF THE CHANGES IN THE BLOOD AFTER HEMORRHAGE.

Doctors Gencinto Viola and Guiseppe Jona have made many extended and valuable researches on blood changes in the lower animal after hemorrhage.

These observers particularly made the most minute observations on the isotonic properties of the red blood corpuscles, immediately after the loss of blood, and demonstrated that there is an intimate and reciprocal relation between the corpuscular and plasmic elements, which is well defined; but, that under pathological conditions by hyperistony of the serum, with an excess of haemoglobin is readily proved by appropriate tests.

Kirmisson in a recent valuable essay presented before the French Academy has submitted the most valuable contribution extant on the subject of exhaustive exsanguination. (Anaemie Traumatique, Experimental and Clinicale). His work is based on observations at the bed-side and extensive experiments on the lower animal.

He there, clearly demonstrates that while asepsis must always occupy an advanced position in operations as a prophylactic, yet our main reliance in all cases must be effective hemostasis. In hip-joint amputation he shows by statistics that the mortality rate will be in direct ratio with the economy of blood waste, and in intra-peritineal operations, especially, for the removal of tumors, our success will very largely depend on preventing the loss of blood during operation, and providing against secondary-hemorrhage, after. In his experimental work he performed many amputations on dogs, some of which he bled profusely before operating; in others he empleyed no prophylactic measures against hemorrhage; while in others yet every precaution was observed to prevent immoderate bleeding. In the first he notes, that the animals did poorly; some sinking under operation, and others making a slow, imperfect recovery.

Primary union followed in none, when the loss of blood exceeded more than one-thirtieth of the weight of the body. In many of these, the flaps sloughed, pus infiltration followed, or secondary hemorrhage succeeded, and cut off life.

In all cases he made an examination of the blood and in all instances found that the red globules disappeared in direct ratio with the quantity of blood lost. As Hayem first observed, when hemorrhage is exhaustive the blood becomes milky in consistance and richer in plastic properties, from the large admixture of lymph, which is now poured into the circulation in great quantities.

In conclusion, however, he notes that in the hearty and vigorous, when shock is absent, a moderate loss of blood is of no consequence. And he shows how, in the young and in middle-aged females, the corpuscular elements of the circulation are promptly regenerated.

A recent writer in an otherwise useful essay calls general practitioners to account for their fear ("phobie") of blood, and reluctance to freely divide the tissues, in emergencies; but this is most certainly a mistake, for of all the dangers operative-surgery hemorrhage stands front. A far to the case illustrative of this came to my knowledge this past spring. A most estimable practitioner, but not an encourant surgeon, undertook to remove a few tubercular glands from the neck of a hearty young lady, otherwise in perfect health. The road seemed clear for a most simple operation, but after the deep cervical fascia was divided it was found that the small superficial tumor had an intimate attachment with the deep chain of the lymphatics. In proceeding with the dissection the trunk of the internal jugular vein was divided. In an instant the hemorrhage was enormous, could not be controlled and quickly terminated fatally. Every practitioner is not made of the metal for an intrepid surgeon, however broad his knowledge of anatomy may be or his skill in dissection on the cadaver.

Within a week, while I was resecting a necrosed hip-joint, the practitioner who administered the ether, a gentleman of several years' experience, with the first gush of blood on dividing some of the larger branches of the gluteal, from its sight and odor, at once became deathly pale. To undertake any description of a surgical operation involving a division of the tissues without a proper equipment, is little less than criminal.



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THE USES OF TANNIGEN.

This new agent in the rapeutic applications is the result of the chemical action of acetic anhydride on tannin dissolved in glacial acetic acid. It forms a grayish, tasteless, odorless powder, insoluble in water, but very soluble in alcohol.

The insolubility of tannigen in aqueous solutions especially recommends its use in diarrheas where the action of the drug is desired locally on the intestines as an astringent, inasmuch as it passes the stomach and duodenum into the intestine in an undissolved form, but is broken up by the presence of alkalies in the intestine into its constituent elements.

Tannigen is one of the newer preparations which has been evolved from the German laboratories, and, hence, has had but limited use in this country. Its application is largely confined to chronic diarrheal diseases, but it is also admirably adaped to the intestinal affections of children which arise during the summer season, not only on account of its therapeutic action, but also from its ease of administration, being tasteless and odorless, thus overcoming the objections of most astringents.

There are other uses of tannigen which we have found of practical utility, namely, its beneficent action as an astringent on ulcerated surfaces, especially chancroidal ulcers. Here its odorless qualities recommends it over iodoform, although, of course, there is no astringent property in the latter.

Much has been said of the benefits of tangen in the treatment of phthisis, especially in the hemorrhagic stages. For this purpose nothing could equal the exhibition of tangen in the form of tangen, as the latter is so easily borne by the stomach and only taken up by the intestinal mucosa at a point at which it is extremely desirable to have tanning enter the blood most potently.

The following few cases have occurred in our experience which illustrate the uses of the drug concisely:

Case I. Male child, 16 months old. Ill for fourteen days with the following symptoms: Daily rise of temperature varying between 100 and 102 degrees Fahr.; restlessness; colicky pains at intervals; diarrheal discharges of greenish, slimy mucus, eight or ten a day; no appetite;

tongue coated with a white fur; thirst and emaciation. Had been fed on sterilized cow's milk. Diagnosis: gastro-enteritis. Catarrhal ment had consisted in bismuth, pepsin and opiates (paregoric), but without much benefit. Tannigen was then tried in one grain doses, floated on a spoonful of water, every two hours, and the diet regulated. Results were extremely satisfactory. There was considerable improvement in twenty-four hours, with only four movements from the bowels, of better color, and in three days the child was on a rapid road to recovery, which

eventually took place.

Case II. Male, aged 36 years. One vear previous had tuberculosis of the apex of right lung, which had terminated in recovery so far as physical and objective signs would show. His cough had ceased and the lung had cleared of all congestion and the tubercle bacillus had disappeared from the sputa. When I was called to see him he had been feeling ill for about a month with slight diarrhea, but managed to work at his trade, that of a carpenter. He was taken one evening with pain over the site of the large colon, tenderness on deep pressure with gurgling, mild jaundice, fever and rapid emaciation. Diagnosis, at first obscure, but finally appeared probable that tuberculosis of the intestine was present and supportive treatment was given. To check the exhausting diarrhea tannigen was administered in doses of three grains, every two hours. This seemed to be efficient, and some improvement was manifest for about a

week, but owing to the extreme loss of flesh and strength the patient finally died, although the diarrheal symptoms were alleviated.

Case III. Female, age two years. Suffered from infantile diarrhea from incorrect feeding and hot weather. Greenish, watery stools, colicky pains and emaciation. Had been ill four or five days before a physician was Gaye one grain doses of tannigen every hour for six hours, then continued at three hour intervals. Corrected feeding, in place of the condensed milk that the child was receiving. Patient was better in twenty-four hours, and recovered in less than a week.

Case IV. Male, 22 years old. Symptoms of general malaise, afternoon fevers, loss of annetite and diarrhea. Had headache, light yellow discharges and gurgling sensations in the right iliac fossa. Had been ill for a week, getting a little worse each day. Diagnosis catarrhal enteritis, possibly of typhoidal nature. Treatment consisted first of a calomel purge followed, after its action, by tannigen, in three grain doses every two hours, and rest in bed. In two days there was marked improvement in general feeling and the diarrhea had ceased. In a week the patient had recovered sufficiently to sit up and had no return of the symptoms.

These few cases are taken as illustrations of the effectiveness of tannigen in diseases of a diarrheal nature, especially in children, and in their cases its ease of administration will recommend it over other astringents.

TO BALTIMORE BY WATER.

Of the many delightful short trips offered to residents of Philadelphia who cannot long remain out of town none has greater claim to favorable consideration than that offered by the Ericsson Line of steamers from Philadelphia to Baltimore. It combines everything that together make up a pleasurable trip—comfort aboard boat and a continuous panarama of interesting scenery outside. The saloons are large, handsomely furnished and well lighted; the staterooms roomy and comfortable and the table all that can be desired.

Starting from Philadelphia there is a delightful trip of forty-five miles down the Delaware, passing League Island, Navy Yard, Fort Mifflin, the ice breakers at Marcus Hook, and Fort Delaware, the chief defense of the river, which is soon to be remodeled and whose guns will command all approach to the great metropolis of Pennsylvania.

Just below the fort is Delaware City, the entrance to the canal that joins the Delaware and Chesapeake Bays. The run from here is most delightful. You glide along through lovely glades, and forests, and farms, presenting a charming panorama of beauty. The run of fourteen miles through the canal is one of the most picturesque we know of. At the end of the canal you reach Chesapeake City, and you steam along Back Creek for five miles and then on the neble Elk River until the Chesapeake Bay is reached, and you sniff the tonic, ozone-laden air of that great body of water. Down the bay you glide, and at last reach the Patapsco River and shortly after land at the Monumental City, after a most pleasurable run of a hundred and twenty miles along river, bay and canal.

CONSERVATISM IN UTERINE SURGERY.

At the late meeting of the American Medical Association the past and present presidents, two of the most distinguished members of our profession, inveighed with great vehemence against the dreadful onslaughts of modern gynecology, and arraigned in the most scathing terms those who resorted to radical operations and sacrifice of organs, for conditions, in themselves, often comparatively harmless, and at all events, remediable by milder measures.

Again our attention is called to the subject by an able contribution from the pen of the veteran gynecologist of Brooklyn, Dr. John Byrne, and a leader, by an editor, entitled *"Specialties, and The General Practitioner." Dr. Byrne leads off with a sweeping denunciation of the operation of hysterectomy for cancer of the os-uteri, and thus shows that the amputation of the uteras by no means justifies a warrant of cure. He inquired of 150 gynecologists on this point, and received answers from 53.

"I regret to be obliged," he says, "to record but 53 replies, some of which would seem to have been designed to befog the whole subject of my inquiry; others, so indefinite as to

* American Gynecological Journal, July, 1896.

be worthless, and a very few only, to which I shall refer, from which any reasonable or probable opinion could be formed regardless of recurrences." His inquiries were directed to determine the results after hysterectomy for cancer.

Segond, of Paris, replied, that of his eighty cases, only five, were free from recurrence after three years. Polk, of New York, in his record of fifty cases, had none without relapse after two years. Baldy had no relapses; Price and Boldt but few.

It certainly would be interesting to know on what ground one proceeds to do a hysterectomy for a simple epithelial infiltration or an erosion of the os. Perhaps it may be averred that cancer is a disease of local origin; hence to eradicate it we must cut wide of the lesion. The trend of opinion is entirely in this direction, though it is only a hypothesis without a scintilla of scientific proof to support it. The latest and ablest writers on ontology admit this. Williams, Thoma, Heitzman, Stricker, Senn and others, equally eminent certainly do.

Why, then, lay down any hard and fast rule for the treatment of a growth, the etiology of which is now as great a mystery as it ever was?

Nay! more, as Byrne shows, hysterectomy, in many types of cancer, is an exceedingly bloody operation, attended with a large mortality, and in any event, by the vaginal route, the ureters, the bladder, or rectum is endangered.

We cannot but believe that the wise and sound advice of Byrne should be followed, and rather do tentative than radical operations in this type of cancer: i. e., treat the local lesion of the cervix by simple and safe measures, which will not endanger life, but will extend it in comfort for many years, or even cure the disease. His operation consists in blazing away the proliferating tissues Galvano-cautery; somewith the thing which may be accomplished painlessly by the local use of cocaine. By this means all danger of hemorrhage and sepsis is obviated, a clean, dry eschar is left, which soon ulcerates off, leaving a healthy scar. In our own hands the acid nitrate of mercury has often been employed in this class of cases with most gratifying results. Barker believed that something more than a caustic action was effected by it; that the decomposed mercury was taken up by the lymphatics, and so affecting the protoplasmic elements as to supdue epithelial infiltration.

As to the relations of the general practitioner and the gynecologist, we must concede that the field is overstocked with gynic surgeons. But where is the remedy? One post-graduate school announces in its annual circular that gynecological teaching is a special feature of its curriculum; a half-dozen or more professors have been made, and from the four quarters of the nation, practitioners come to fool away their time, or for their health, or to throw away their money. Oh, no! These hard-worked, poverty-stricken members of the craft come to learn, to obtain what they have paid for— a knowledge of gynecology; their ulterior purpose being to gather in, some of those plums, floating formerly into the coffers of the specialist. With ever fresh crop of these candidates for new honors less and less material turns up at the door of the specialist. These, with few exceptions, are general practitioners. They have been robbed by the present accursed dispensary system, and now they have gone into the sanitarium business on a large scale.





GUIDE MEDICAL PARISIEN. Published by the Independence Medicale, 21-23-25 Place et Rue de l'Ecole-de-Medecine, Paris, France. Our old friend, the Independence Medicale, has had an excellent idea in getting out this volume, which will be not only useful, but indispensable to physicians intending to devote some time to visiting the Parisian institutions for scientific and medical instruction.

The amount of time that can be saved any physician who uses this little manual, is simply enormous, for we find successively described in the "Guide Medical Parisien," "La Facul-

te de Medecine" (the great medical school of Paris) and its clinics, the hospitals and asylums, the anatomical amphitheatres of the hospitals, the insane asylums, the private hospitals, the important private clinics, the museums, the libraries, etc., etc. The description of each establishment is preceded by a short historical sketch; the course of instruction given by the different professors is furnished in detail; the organization and methods of working each ward are exactly described. Nothing, in short, is wanting to render this "Guide" thoroughly practical and interesting.

CHANDLER.

BOOKS AND PAMPHLETS RE-CEIVED.

The Fallacy of Antitoxin Treatment as a Cure of Diphtheria. By Elmer Lee, A. M., M. D., Ph. D., Chicago.

"Aeroporotomy," etc., etc. By S. W. Kelley, M. D. Cleveland, O. A new name proposed for operations for letting in more air to the air passages, covering all the opera-

tions such as intubation, tracheotomy, etc.

Sciatica: Its Satisfactory Treatment by Static Electricity. By S. H. Morrell, M. D., Brooklyn, N. Y.

Hydro Galvanism of the Urethra. By Robert Newman,, M. D., New York.





CARDIAC NEUROSIS AND ITS ELECTRICAL TREATMENT.

By W. F. Robinson, M. D., Albany, N. Y. From advance proof sheets of transactions of Electro Therapeutic As sociation.

The latter part of the 19th century may justly be called the nervous age. Never have functional troubles of all kinds been so frequent, or attained to such importance as they have to-day. A moment's thought will show us that in this connection functional is synonymous with nervous, for the reason that all function of every kind, be it secretion, excretion or circulation, is caused by and depends upon some one of the different sets of nerves in the body. The reason for this increase of nervous affections is to be found in the fact that owing to the high pressure existence which most of us live the nervous system is rendered specially sensitive to impressions of all kinds.

Take for example, the function of digestion, which is an entirely involuntary act, brought about by the irritation of the food in the stomach, stimulating the nerves which control the secretion of the digestive fluids. It stimulates also the muscles which aid in the performance of this function by alternately compressing and relaxing the stomach and thus bringing the fluids in close contact with

the food. Purely involuntary as this process is, an emotional disturbance like a piece of a bad nerve will often throw it entirely out of order. The normal secretion of the gastric juice will stop and the muscles will either cease to act or else take on a sort of reversed action, bringing the food back instead of helping it on its course.

Familiar examples of this are where a person is made faint and sick by some horrible sight, or some serious business trouble brings on an at-

tack of acute indigestion.

The function of the heart, that is to say, the circulation, is the same in principle as that of digestion, being an involuntary act, regulated in its intensity by the needs of the body. Increased activity of either muscle or gland will require in increased supply of blood, and this information being telegraphed to the organ by means of the nerves the heart responds by sending an increased blood

supply.

The apparatus by means of which all this is done is an excessively complicated and delicate one, and as a consequence very apt to get out of order. The nervous stimulus which starts the action of the heart comes from the ganglia which are imbedded in the walls of the heart itself. This has been beautifully shown by experiments upon animals. Thus the heart of a guinea pig will beat after all the nerves, which run to the heart, are severed, showing conclusively that the stimulus must come from within the organ itself. If the heart only had a fixed amount of work to do this simple arrangement would suffice, and in all probability functional heart trouble would have no existence.

The fact already mentioned that the heart must regulate its activity to the ever varying needs of the system at large, requires it to be connected by complicated system of nerves with every part of the body. It is this extensive sytem of nervous connections, extending as they do to every muscle and organ as well as

to the brain and spinal cord, which renders this organ so extremely sensitive, and as a consequence specially liable to functional disturbance.

There are two principal sets of nerves which regulate the heart's ac-

tion in opposite ways.

First, the sympathetic system which stimulates the organ to great-

er activity.

When the sympathetic connections of the heart are stimulated we have a condition of so-called tachycardia or rapid pulse.

The pneumogastric nerve on the other hand has for its function the

slowing of the pulse.

This phenomena is therefore seen when this nerve is irritated from any cause, as by the pressure of a tumor. Czermak could compress his own pneumogastric nerve and slow his heart at pleasure.

If, on the other hand, the vagi nerves be severed, the controlling power of the heart is cut off and it

beats very rapidly.

This condition of abnormally slow pulse is known as bradycardia. It may be and often is due to morbid conditions in the medulla where the centre for this controlling action is situated.

Cardiac neurosis may exist, however, without the presence of either

of these conditions.

In the author's experience, a common form of this affection is what might be termed irritable heart. The pulse may be almost normal, or only slightly accelerated under ordinary conditions. More frequently, however, it varies between 80 and 100 beats per minute.

It is not so much the rate as the tension and rhythm which are abnor-

mal

Under excitement, worry or slight exertion, the heart seems to go all to pieces, so to speak. In taking the pulse for a single minute, the changes in the strength of the beat, as well as the rhythm, are very evident. It may intermit, but this is not frequent. Some authorities claim that a rapid heart is apt to indicate disease. Without attempting either to accept or deny this statement, the author is convinced that there are many cases

of irritable heart that are pure neurosis, without any organic complications whatever.

Professor Huchard, of Paris, a writer on this subject, who is very largely quoted, declared in a recent article that myocarditis is often diagnosed when it does not exist. Cases that have presented grave heart sypmtoms during life often present little or no change in the heart muscle. As to the theory that cardiac neurosis, especially tachycardia or rapid heart, may eventually lead to degeneration of the myocardium, the writer does not feel that he has experience enough to offer an opinion.

The main physical sign that shows cardiac neurosis is irregularity of

the pulse or arrythmia.

The heart will change under your finger, beating now faster, now slower, now stronger, now weaker. This is also a sign of myocardial disease, and it may be claimed that the writer has called cases cardiac neurosis which are really true myocarditis.

In reply to this, he would simply say that together with all humanity he is perfectly aware of the possibility of error, and if he has made any such mistakes he would be very glad to have his attention called to them.

Various poisons, such as tobacce, arsenic and the like, will often disturb the heart's action, and tend to bring on this condition of irregularity. It is a frequent, though as already stated, not a necessary manifestation of neurasthenia.

There is a general feeling of ma-

laise and lack of energy.

In the writer's opinion many of the nervous symptoms which characterize general neurasthenia are really due to the condition of the heart.

Those feelings of nameless fear and apprehension, despondency and gloom which torment so many people may be due to this condition. Also the two allied, though opposite symptoms of insomnia and drowsiness.

I do not mean by this that they are not true symptoms of neurasthenia, since the disease affects the heart as well as all other organs of the body.

The cause of cardiac neurosis is undoubtedly a weakness in the whole or in some parts of the complicated nervous mechanism—which supplies the heart. It is a general law of the nervous system that weakness or exhaustion of any part of it is apt to result in irregular or even spasmodic action of that part.

It is this law which enables us to understand the etiology of cardiac neurosis.

The complicated and delicate nervous apparatus of the heart is weakened and we have as a direct and natural result, spasmodic and irregular action.

The evident indication then in these cases is to tone up and strengthen these nerves, and we should expect as a result a more regular and uniform cardiac action.

(To be continued.)





CONSTIPATION IN ELEPHANTS.

By J. A. Munn, F. R. C. V. S., Army Veterinary Department, Barrackpore, India.

On the 25th of November, at a late hour, I was hurriedly requested by the warrant officer in charge of the transport animals to visit their lines, as four of the elephants at this station had been seized with violent illness, and had been so for some time. On arrival I found that two males and two females were suffering from colic, the males and one female being very ill, indeed. The jemidar mahout had administered various remedies, the nature of which I am not Oriental scholar enough to comprehend: but as I found that all the animals were excessively constipated, and two had passed nothing for nearly twenty-four hours, I gave directions to administer, if possible, about half an ounce of croton seeds, and to have the animals walked about, so as to get the bowels to act. The night being dark and stormy, and the hour so late, I could do nothing more. The next morning, on my arrival at the transport lines, I found one elephant (a male) dead, and two others (a male and a female) in a very bad way, indeed, and evidently suffering great pain. The drivers had been unable to administer any drug, and no faeces has been passed during the night by two of them, i. e., for about thirty-six hours. In addition, there was much tympanites, the abdomen being blown up like a cow's. The animals had been walked about all night, but with no result; and not knowing what else to do, I resolved to attempt to administer an enema with the station fire engine, which was the only piece of apparatus I could think of that would throw sufficient water. I obtained the use of it—an ordinary manual engine, with a leather hose and a copper nozzle about four feet long. This was rigged

up alongside a tank in the elephant lines, and the first animal—the remaining male—was brought up and tied to two trees, care being taken that the suction-pipe was clear of the bank and did not pump up any mud. I tried to administer the enema to the animal when he was lying down, but he would not keep quiet. It was quite successfully given, however, when he was standing. After the nozzle had been inserted about two fleet into the rectum, a large quantity of water was pumped, which overflowed; and after five minutes the effect was sudden and most marked, an enormous quantity—a hundredweight, more or less—of faeces being expelled. The relief given was as if by magic, and a second administration of water brought away a still larger quantity of faeces. I then had the animal exercised for about ten minutes, a third motion taking place, other motions occurring at intervals all the afternoon. Shortly after the third motion the animal began to feed, and I had a little more than half an ounce of croton seeds admin-

The female elephant—who was, if anything, in more violent pain than the male—was treated with an enema in the same way, and with the same beneficial result, the relief being most marked. The croton seeds had acted well at the time of my first visit next morning, the ground being covered with several cart-loads of faeces. The animals are now as well as ever they were, and it was to see how they went on that I have delayed this report.

I examined the body of the male that died. The appearances were the usual ones of enteritis in equines, the intestines being intensely inflamed and impacted with hard masses of faeces; and had the fire-engine been used the night before I am firmly convinced that this animal would have recovered; but, owing to the lateness of the hour I never thought of it, and even if I had there would have been delay in obtaining it or finding men to pump it. As I can find no record of such treatment being adopted with the elephant in any of the professional works that I now have access to, I venture to make the following remarks on the matter: 1. That a large quantity of water can be given, and the pumping continued for several minutes, if necessary. 2. That the enema can be given to the animal standing, if he will not remain lying down, although the latter position is the more convenient for the operator; for in the standing position, from the overflow of water, he is liable to get very wet—at least. such was my experience; I was simply deluged, and had not a dry stitch of clothing on my back. 3. If the animal will not allow the nozzle to be inserted, there is no occasion to force it; for if held close to the anus, and the pump worked hard, the force of the stream of water, if directed straight, is sufficient to fill the bowel. 4. The nozzles of the fire-ergines, used by the military authorities in India, are long copper tubes, tapering towards one end, onto which is screwed a spout that generally has a flange with sharp edges. I would suggest that a spout of a special shape be authorized. This could be screwed onto the existing nozzle, and would be very little extra expense. I would furthermose suggest that some definite instruction be issued by the autherities, by which the use of the fireengine could be obtained at these stations, and men to work it when necessary.

From the Indian Lancet, March 16, 1896.

NEW TREATMENT FOR SCIATI-CA.

Dr. Negro, from Turin, has successfully treated sciatic neuralgia by digital pressure over the painful points. The method employed is as follows: The patient is placed in a horizontal position, with the lower limbs extended and in contact with each other, so as to completely relax the gluteal muscles. Determine by palpation the situation of the great sciatic notch, through which the sciatic nerve passes; apply the tip of the right thumb over the nerve, and above the nail of this place the left thumb. With the thumbs in this position a very energetic pressure is exerted during fifteen to twenty seconds directly: slight lateral movements being executed in every direction, but without displacing the thumbs. After an interval of a few minutes the pressure is applied a second time in the same way, this operation being much less painful than the first. After the second compression the patient is as a rule able to walk without great difficulty, and the pain is relieved for a time varying between several hours and a day. The compression is repeated every other day, six sittings being usually sufficient for the complete cure of sciatic neuralgia, a result which Dr. Negro has obtained in the immense majority of cases (100) out of 113) in which he has had occasion to employ this method of treatment.

-- London Medical Times.



NEURASTHENIA FROM "COITUS RESERVATUS."

Dr. Tchyje, of Dorpat, in the Sixth Congress of Russian Physicians, at Kiew, reports 17 cases in which "coitus reservatus" was either the principal or unique cause of a neurasthenia.

He had under observation 11 men and six women, whose ages varied between 30 and 40 years; who all belonged to the upper classes and who had no neurasthenic predisposition.

They had practiced "coitus reservatus" in the hope of having no more children.

In every patient this had been practiced for over two years and in two cases, for more than ten years.

Two constant symptoms were acute: precordial pain and indifference to the interests of existence.

Treatment was iimited to abstenance from all coitus for at least two months, combined with an antiaphrodisical regimen.

Abstinence and infrequency of sexual intercourse had a good effect on the patients.

-Independence Medicale.

IMMUNITY.

Dr. E. Behring, of Berlin, writing on this subject, says that the study of infectious organized materials (parasites) as well as that of non-organized infestants (poisons) has shown that there is no absolute immunity.

In the same way we easily prove the contrary; that there is no absolute absence of immunity.

Experimental research has shown with exactness, the resistence of various species of animals to certain bacterial poisons, so that now we are acquainted with the dose that in every experiment may be at will either inoffensive, pathogenic or lethal.

There is a relation between the re-

sistance to the pathogenic bacteria and to the toxins produced by them; the susceptibility to bacterial infection increases or diminishes the susceptibility to intoxication. Nevertheless, this law is not without exceptions; for instance, rabbits are more susceptible to the toxin of diphtheria than they are to the action of the living bacilli.

Bacterial or toxic immunity may be either congenital or acquired.

The mechanism of toxic immunity is known up to a certain point. Every toxic substance known to us has, when administered in non-lethal doses, the power of producing illness and, this cured, the degree of susceptibility of the individual changes, it increases or diminishes according to the dose of the toxicant. If this be the case, the toxic susceptibility may doubtless be lessened; then, if with appropriate treatment we increase the dose we may succeed in rendering individuals immune to still stronger doses.

Toxic immunity when produced artificially, must always be attributed to the production of an antidote (antitoxin) in the system of the immunized individual. All antitoxic treatment has for effect the production of a special antitoxin.

It has not yet been proved that a single poison is capable of producing several kinds of antitoxins.

The antitoxins that we have so far, are those of diphtheria, tetanus, cholera, typhus, pneumonia and tuberculosis, as well as those of snake

poisons and some plants.

The antitoxins are dissolved in the blood of the immunized individuals and are extracted from their serum. Their constant presence is proven by experiments made upon animals; the poison upon which the antitoxin is to act is administered in lethal doses to an animal suitable for the experiment. If the animals survive the sub-cutaneous injection of antitox-

ins, the efficiency of these latter is demonstrated.

The loss of immunity is caused by the elimination of the antitoxin of the organism (through the kidneys, intestines, etc.).

Immunity may still be obtained by introducing the corresponding anti-

toxin into the organism.

The immunity obtained by antitoxin is considered as a hematogenous, toxic immunity, because it is independent of the condition of the organs.

The production of the antitoxin is a function of the living cells of the organism, but the immunizing action of the antitoxin itself is explained solely by the fact that it neutral-

izes the toxin.

Antitoxic immunity is not hereditary. Hereditary transmission may be simulated when the antitoxin contained in the blood of the mother is transmitted to the fetus.

-La Riforma Medica.

ALBUMINURIC RETINITIS.

Dr. Moglie has examined a number of patients in the hospitals of Rome in order to study the connection between renal diseases and certain visual troubles. He has come to

the following conclusions:

The visual derangements that occur in the course of nephritis are often caused by anatomical lesions of the retina although they may occur when this membrane is anatomically intact and must then be referred to lesions of the nerve centres. The primitive changes of the retina are caused by lesions of the vessels, arterio-scleroses, hyaline degenerations, etc. The other retinal changes are caused by these lesions and also by troubles of the circulation induced by the general edema. The hemorrhages may be either arterial or venous. Fatty degenerations of the retina are merely transformations of the hemorrhages.

Retinitis and nephritis occur together only when they have the same general cause, but are not dependent

upon each other.

Ophtalmoscopic examination alone is not sufficient to establish a diagnosis of nephritis, although it furnishes us with a very characteristic symptom.

The appearance of retinal symptoms always announce the imminent dissolution of the patient.

—Il Policlinico.

CURE OF INGUINAL HERNIA BY CHLORIDE OF ZINC.

In the scance of the Academie de Medecine of July 7, Prof. Lannalongue showed four children upon whom he had used the method of chloride of zinc injections of 1-1000 strength, instead of the radical operation for hernia.

The first result was a considerable swelling of the tissues with a slight effusion that was soon reabsorbed, and finally the tissues of the inguinal canal thickened and closed it completely, pushing back the hernia. The results were excellent; in one week the children were out of bed and running about.

There were no complications of any kind, either temperature, vagi-

nalitis or orchitis.

Prof. Lannalongue is of the opinion that this method which is simple, in the range of anyone's ability and not liable to the accidents common to the radical cure, will give equally good results with adults.

-Independence Medicale.

GRAFTING OF ADULT AND EMBRYONIC LIVING TISSUES.

By Prof. R. Alessandro, of Rome.

The cellular theories, the histological and bio-chemical investigators have formed a firm foundation for researches on the life of tissues. It is by the aid of these that we have been able to explain many questions touching the regeneration and development of the tissues and which have caused us to find methods of transplanting one tissue upon another.

Author has made 54 experiments, all of them upon healthy young dogs.

He grafted; I. (a) liver upon liver; upon testicles, on the spleen, on the kidneys and under the epidermis; (b) kidney upon kidney, on the spleen, on the liver, on the testicle and under the skin; (c) testicles upon the liver, on the kidneys, on the spleen and under the skin; (d) the pancreas upon

the spleen, on the liver and under the skin; (e) the salivary glands upon the spleen and under the skin. II. (a) the spleen under the skin, upon the liver and on the kidney; (b) lymphatic glands upon the liver, on the spleen and under the skin.

Here is a summary of the results obtained after grafting bits of liver: In no case was there any development (life) of the grafted piece; nevertheless in the grafting of liver on the liver, microscopic examination has shown a persistence of vitality in the grafted morsel.

In the grafting of liver on the spleen there was also persistence of vitality for some time. The possibility of success can, therefore, not be

denied.

In the grafting of liver upon the spleen, upon the kidney and under the skin, the result was disappearance, rapid and total, of the hepatic tissue.

Here are the author's conclusions as to grafting with the spleen: The grafting of the spleen upon the liver is not only possible, but very easy. The development is nevertheless incomplete, for a portion of the grafted tissue breaks down invariably and disappears. The portion that remains is always that which is in immediate proximity to the hepatic tissue that receives the graft. A series of experiments has shown that even the portion that lives gives signs of a diminution of vitality at first.

Nevertheless, this is only transitory and the portion that resists the disturbance of nutrition returns, little by little, to its normal condition. The grafts of spleen upon the kidneys give negative results.

Grafts of the spleen put under the skin die rapidly and disappear completely.

-Il Policlinice.



A CONTRIBUTION TO THE TREATMENT OF HYPER-IDROSIS.

Dr. L. Heusner, Deutsche Med. Woch.

While the sweat was formerly considered simply a transudation from the blood, it is now known that its secretion, like that of the salivary glands has a complicated nerve apparatus with secretory, vasomotor and inhibitory filaments with regulating centres in the brain and spinal cord. It must be assumed, that when one is affected with hyperidrosis, there is an unusual stirring up of the excitant centre or the inhibitory apparatus had been injured, probably through substances circulating in the blood. Aside from this, owing to the irritation, it may act reflectively and thereby increase the sweat secretion, with capricious limitations when seemingly unexpected. The want of secretion as well as the secretion may be due to central or peripheral irritation.

The active secretory glands, including the sweat glands, are contracted by means of atropin. In the sweating of consumptives, however, this drug has not a lasting action; the doses must soon be increased, and ultimately it loses its action completely. Hyoscin acts similarly; agoscin given in the evening, in doses of 0.05-0.1, has a similar action as well. The fluid extracts of ergot and hydrastis (first 20-30, later 30-40 drops daily) alternating or combined proved capricious and the action not constant. It is doubtful, if the subcutaneous injections of ergotin (extract ergot 3.0, spiritus, glycerin, aqua destillata 5.0, evening an injection), is to be preferred to the internal administration of the fluid extract. It is less agreeable to the patient on account of the pain it causes. The administration of camphoric

acid (1-5 grains) at once before bedtime, according to the author, cannot be agreeable when taken daily in comparatively large doses, since it acts inhibitory on the bowels as well as on the kidneys and is not entirely free from the irritating action

of the camphor.

The external medications which are assumed somewhat as secret remedies are not against general sweating, but local hyperidrosis, and especially against that of the feet and hands. The external remedies can be divided into those which act mechanically, those which act principally as deodorants and disinfectants, organic and inorganic acids, chloral and chloral ethers. Of these which act mechanically, Hebia's method must be mentioned, consisting in covering the sweating soles and toes with a plaster of ungt. diachylon, which is renewed every twelve hours, and the epidermis after ten or twelve days scales off. This, however, cannot be considered as applicable to other portions of the body nor is the repeated application of a ten per cent. alcoholic solution of silver nitrate to the soles to be considered, as it would destroy the skin covering.

The disinfectant remedies utilized are washing with alcohol, carbolic acid, sublimate, acetic acid, boric acid, permanganate of potash, brushing over with a solution of naphtol, oleum bergamoth, nitrate of bismuth and salicylic acids. The alcohol, salicylic and boric acids act decidedly inhibitory on the secretions. Of all other antidrastic remedies the alcohol is preferred, and in the army salicylic acid as a douche, by itself or in combination with boric acid or as a salve with adeps suillius. Of the organic acids, chromic is the most utilized. In the German army it is used daily in solutions of 5-10 proc. against sweating of the feet. This remedy is very effective, yet it is not harmless. The sharp and poisonous acid frequently, produces wounds and ulcers and stimulating from absorption, the peculiar chronic inflammation of the kidneys. The epidermis of the soles scales off in shreds, the socks discolor

and decompose. The liquor ferri sesquichlorati, which Legaux pointed out as a positive remedy against food perspiration, is similar in action and use.

Of the organic acids, other than salicylic, the tartaric, acetic and citric, are the most used. Formic and other organic acids are good remedies against sweating and it is. still more practicable to use mixed acids. Tartaric acid in powder form, by itself or combined with boricand salicylic acids, blown into the sock is greatly used. Weisam declares the alcoholic solution to be more effective than the powder. The salicylic acid, 2-3 per cent. tartaric, 10-20 per cent., applied most conveniently by a spray. He recommends these remedies for local as well as general hyperidrosis. In general hyperidrosis, however, such a strong solution should not be employed; then, even an 10 per cent. alcoholic solution on certain portions of tender skin produces a burning and after the evaporation of the spirit there remains the tartaric acid crystals, which after repeated applications generate a painful eczema.

A remedy that is used largely against local sweating is Dr. Brandaus' liq. antihydrosis, consisting of 25 per cent. crude hydro-chloric acid, 25 per cent. alcohol, 1 per cent. glycerine, some chloral and a trace of ammonia. The sweating soles are bathed in the Brandaus fluid. First the heel is inserted, then the entire sole for 15 minutes, right after a soap bath, to neutralize the acidity. This treatment is repeated twice weekly for six or eight weeks; thereby the skin from the soles comes off in shreds and recovery sets in. If there are raw surfaces between the toes they must be first treated with cold baths and then powdered with salicyclic acid.

The chloral ethers as well as the chlorals are by themselves, without the hydrochloric acid, good factors against sweats. Chloral is used 5 per cent. Author gives the following remedy: R. Sol. boric ac. 1 per.

cent.; formic acid, 5 per cent.; chloral hydrate, 5 per cent. in alcohol; in local excessive sweating, with a wet cotton sponge, while in general hyperidrosis with an atomizer. In persistent local sweating, author doubles the components or adds 1 per cent. trichloracetic acid, which acts still stronger.

From the Arabs, Dr. Klein learned the means of disguising the smell of el. ricini; 15 to 20 grms. of the oil is heated in a glass of milk and frequently stirred; an emulsion results within a few minutes, which is sweetened with syr. containing auranti. This emulsion has not the disagreeable taste and acts in lesser doses than when taken pure. 15-20 grms. is enough to purge an adult.

ANTIPYRIN IN DIARRHEA OF CHILDREN.

Rousseu St. Philippe, Memorabilien.

In place of opium which is a dangerous remedy for children, author experimented with antipyrin, which is so analogous with opium in its analgesie action (? Translat.), if it has not the same antidiarrheic effect. In the Bordeaux Hospital in the last four years 500 cases were observed, mostly on young children, 1-2 years, part fed on breast milk, some on artificial food and part weaned. Not in all cases is the antipyrin active, however; it gives no apprehension as to further intoxication. It is very beneficial where there is a simple inflammatory condition of the intestinal mucous membrane and where a sour fermentation is going on. Lactic acid, naphtol, bismuth subnit. of salicylate, however, act as rapidly and as well as the antipyrin. In children who are fed on a milk diet only, the antipyrin acts more beneficially. In older children, having a consistent or meat

diet, it is well, before administering the antipyrin, to clear the intestinal canal with calomel. The best results with antipyrin are obtained in reflex diarrheas due to dentition and the colics from which children suffer during the menstrual period of the nurse. Finally, good results were obtained in chronic diarrheas accompanied with dermatoses, as impetigo contagiosa, etc. Antipyrin acts inhibitory to all the secretions, excepting gall, which explains its harmless antidiarrheic action to the liver. Antipyrin coagulates albumen, hence its astringent effect. In conclusion, the analgesic action must be considered by which the intestinal peristalsis diminishes and colicky pain is lessened, in consequence of which the restlessness of the little patient is controlled and sleep made possible. For children under one year of age author directs every two hours a coffeespoonful of antipyrin 0.5 syr. simpl. and aqua aa 50.00 a few minutes before the time of feeding. For children above one year, the antipyrin is increased with 0.5 for each year.

THE TREATMENT OF VOMITING DUE TO UTERINE REFLEX.

Prof. Lutaud, Rev. obst. et gyn., found cocaine to give the best results, since it acts simultaneously on the nerve centres and on the nerve endings of the cardiac region. R. Cocaine mur., 0.10; antipyrin, 1.00; agua distill., 100.00. M. S.—Coffeespoon every half hour until vomiting ceases. In cases where the stomach does not tolerate it, the following is substituted: R. Cocaine mur., 0.50; aqua distill., 30.00. M. S.—Ten drops hourly, later every three hours. If there are signs of local inflammation, the following salve is applied to the os of uterus with the aid of tampons: R. Cocaine mur., 1.00; ext. belladonnae, 0.25; vaselin, 100.00.





RESECTION OF THE CLAVICLE.

Crikx, at the late congress of Belgian surgeons, exhibited a patient on whom he had resected, periosteally, two-thirds of his clavicle for tubercular ostitis. Within three months the entire shaft was reformed and functionally of equal strength with its opposite fellow.

It is always highly important never to neglect, when operating on any of the osseous structures, to careful-

ly guard the periosteum.

This element in technique should be regarded as a fixed law, never to be deviated from if possible. It applies to the aged as well as to the infant or adult, for the bone possesses reproductive energy to the very last.

NOTE BY TRANSLATOR.

When this law is observed, we will always have less hemorrhage; there is less mutilation and division of structure; which, of course, implies less danger of infection, with a more speedy recovery. There is no class of cases in surgery more satisfactory in results, after operation, than those on the osseous system, when definite salutary rules of conservatism are adopted. T. H. M.

MUCOUS GRAFTING FOR ATRESIA OF THE VAGINA.

M. Schauta has devised a very ingenious and successful method for treating stenosis of the vagina, by borrowing flaps from the labiae minora. He first splits through the closed parts, then introduces a speculum, which he removes from time to time, until there is a thick layer of granulations, when he clips away the divided the lesser lips. These he grafts over the granular surface. As a rule, they promptly take on growth, when cure is affected with a patulous opening.

APPENDICECTOMY BY THE RECTUM(?).

Matchoutkowski records a remarkable case of appendicectomy by the rectum. His patient was a man 41 years old, a chronic dyspeptic, who was seized with acute appendicitis. Indication for operative was not urgent, and therefore the patient was treated by ice applications and opium. On the sixth day, he was seized with severe colicky pains, when in the midst of bloody feces he pasesd a gangrenous appendix. It was one and one-half centimetres long, was perforated and widely dilated at its base. The author stated that this was the only case on record of spontaneous expulsion of the detached organ. Tarenetsky, however, declared that he had witnessed an analogous case.

RESECTION OF THE RECTUM FOR CANCER.

M. Chaput has performed ten resections of the rectum for cancer. Eight have recovered and two died, one from broncho-pneumonia following ether, and one from injury to the ureter—a case in which operation was almost impossible. In six which survived two relapsed very rapidly. One after two years shows signs of relapse, and three without relapse after three years.

In two there was prolapse of the rectum. Kraske's operation, he believes, is not dangerous, and the re-

lapses are fewer.

Technique.—Chaput advises that two days before rectal resection one should make a transverse colotomy, after the method of Madyl—a Y incision.

Resect the coccyx, but respect the sacrum as much as possible; approximate as near as practicable the divided end of the rectum, and if this is not possible, twist the intestine on

its own axis, after Gurseney's meth-

od.

The procedure of Hochenegg, of invaginating one segment of the intestine, impressed him as impracticable, and should be rejected. Ligatures in some cases are useless.

CANCER OF THE RECTO-VAGINAL CLOISON.

Free the parts by a perineal incision. Close the ampulla of the rectum. Be assured of a free discharge through an artificial iliac anus.

In cancer located low down, make the circular incision of Denonveillier,

and resect the coccyx.

Twist the gut and suture border to the integument. Here Hartman's procedure answers admirably. Combine the perineal with the sacral incision.

· Cancer high up, can only be reach-

ed by the abdomen.

-Gaz. Heb., 15 June, '96.

GONORRHEAL RHEUMATISM.

M. Pichvin records an interesting case of a female who entered the hospital for treatment of a pelvic abscess. On the second day she devel-

oped typical gonorrheal rheumatism in the tarso-metatarsal joint of the thumb. An incision was through the vagina, which gave issue to a large quantity of pus, which contained an abundance of steptococci and gonococci. Immediately the pain in the affected joint disappeared, with all the attendant symp-M. Rendu has frequently observed that when one has gonorrheal rheumatism, in association with specific urethritis, permanganate injections very often will cut it short and effect prompt cure.

—Ĝaz. Heb., 1896.

ERED FINGERS.

COMPLETE REUNION OF SEV-

Finney sutured the ends of the ring and middle fingers in place, seven hours after they had been cut off by a machine. Firm union took place within two weeks. When seen, at the end of three years, motion and sensation were complete. Antiseptics were avoided because they form a thin layer of coagulation-nectosis, which might interfere with union.

—Johns Hopkins Hospital Bulletin.

—Indian Lancet, May 16, 1896.





THE RESULTS OF VERSION AF-TER SYMPHYSEOTOMY.

Spaeth reports a case of symphyseotomy in which he succeeded in delivering a living child by version and extraction after having failed with the axis traction forceps. He has collected all cases of symphyseotomy since the year 1887, and finds that symphyseotomy in combination with version presents a mortality of 9.5 per cent. to mother and child, while with the forceps the mortalis 11 and 21 oper cent. respectively. His literary failed to substantiate the claim of Schanta that version after symphyseotomy is likely to cause a laceration of the sacro-iliac synchondrosis. As version is the best method of delivering in minor degrees of pelvic contraction, it is rational to suppose that it also gives superior results after symphyseotomy.

—Pacific Medical Journal.

DECIDUOMA MALIGNUM.

Dr. John Phillips in a resume of this affection, says: It may be defined as a malignant change, with a subsequent metastasis, taking place in the remains of conception, whether they be placental, molar or tubal. Whether the malignant change is of a carcinomatous or sarcomatous nature, and whether arising in the fetal or maternal portion of the placenta are at present debated points.

The true pathology is most likely to result from an accurate discovery of the placenta: This, unfortunately, is not a settled question. However, Watts Eden considers the following facts as correct, and as having the support of the most competent authorities. The portion of the chorion concerned in the formation of the placenta is commonly called the chorion frondosum; it consists of two parts, a membrane or layer underlying the amnion and the branching structures springing from it. Each part is formed of (1) an outer epithelial covering, (2) a delicate stroma supporting (3) the blood vessels.

The epithelial covering is composed of a double layer of cells covering the villi—a superficial and deep—the more superficial forming a "thin stratum of granular, multinucleated protoplasm, in which no cell outlines can be distinguished;" this is now termed the syncytium. Both layers are probably of fetal origin, the former epiblastic, the latter mesoblastic. Whether the deciduoma malignum arises in this epithelial layer, the stroma, or partly from both, is now the subject of much controversy. Gottschalk considered the primary change to take place in the chorionicvilli, and these, infecting the cells of the decidua, led to a taking on of a sarcomatous growth; he therefore called this disease "sarcoma-choriondeciduo-cellulare." Marchand thinks the tumors to be epithelial. Nove-Josserand and Lacroix are of opinion that certainly some of the cells of the growth are derived from uterine muscular cells. This is denied by Whitridge Williams, who gives an elaborate analysis of the views held by different authorities.

CLINICAL HISTORY.

Dr. John Phillips says: Although the pathology of this disease is so obscure, the clinical history is fairly clear. A very large number of these cases occur in young women, one having been reported in a girl aged seventeen. A molar pregnancy, especially the vesicular variety, seems more prone to malignant change than any other. Uterine hemorrhage. more or less profuse, occurring at a varving period after labor or abortion is the earliest and most constant symptom; the bleeding is not

continuous, but rather may be noted as coming on suddenly and without warning; fetid discharge, with the passage of shreds, may alternate with this. On examining the interior of the uterus a more or less friable reddish mass can be scraped away with the finger, leaving a distinct depression of the uterine wall. Rapid metastasis-soon-takes place in the various organs, and probably through both veins and lymphatics; these deposits are most frequently found in the lungs and the vagina. The course of these cases rapidly tends to a fatal termination, six to seven months being the usual extreme limit.

When the diagnosis is made, treatment must be prompt, and consists in total extirpation of the uterus (if mobile) and its appendages; repeated curettings and intra-uterine applications must never be resorted to.

The most recent cases are by Champneys, in which, unfortunately, the metastatic deposits were not examined microscopically, and Apfelstedt and Aschoff (two cases). Another is to be described by Mr. Doran at the coming meeting of the London Obstetrical Society, when "Deciduoma Malignum—A Criticism" will be read by Dr. Eden.

—The Practitioner.

PATHOLOGICAL ANATOMY OF PUERPERAL ECLAMPSIA.

Leusden contributed his results of a minute microscopical investigation of the various organs of two cases of puerperal eclampsia. They are as follows: He found nothing which indicates the infectious (bacterial) origin of the affection. The probability is that a toxic substance circulating in the blood is the cause of the clamptic attacks. He finds the changes in the kidneys the principal organic le-The placental giant which are found in the lungs are neither a cause nor a result of eclamsia. The embolism of these cells is only an accidental coincidence. Even the most careful searching failed to show emboli containing liver cells. The minute necrotic changes in the parenchyma of the liver, present in both cases, could not be connected

with the cause of eclampsia. The hyaline (fibrous) thrombi of the lung and liver capillaries are the result of secondary changes (uremic?) which occur independent of eclampsia.
—Pacific Medical Journal.

CURETTAGE OF UTERUS.

Dr. Lancaster says: "I know of no more important subject to the gynecologist, especially to that large class of physicians who must be both gynecologist and general practitioner, than that of curettage of the uterus." He further says: Out of a score of operations that he has performed, he has had only two cases that obtained no decided relief from the symptoms demanding that treatment. Indeed, it is a pleasant surprise to see what a large proportion of cases, which we have heretofore thought could not be cured except by abdominal section and removal of the addenda, get well after a curet-

Dr. Pryor lays it down as a rule that every case requiring abdominal section for septic ovaritis, salpingitis or pelvic peritonitis, should be preceded by a curettage, and that a large proportion of these cases get well without further operation.

Some of the indications for curettage are:

1. All those cases of persistent leucorrhea with tender and subinvoluted uterus.

2. For dysmenorrhea in young girls and maiden ladies where, in spite of internal remedies two or three days out of each month must be spent in bed, and where an undeveloped, and oftentimes flexed, uterus is found.

3. For barrenness, where the fault is plainly with the woman, and no tangible cause other than poorly developed arteries exist for failure to conceive.

4. In all cases of menorrhagia, whether from fibroids, polypi or other neoplasm, especially in menorrhagia occurring at "the change of life,' and which is not amenable to other treatment.

5. In all septic diseases uterus or its appendages, whether following accouchement, abortion, operation or gonorrhea, whether the inflammation be acute or chronic, curettage is indicated, and

the earlier the better.

Probably the best time to curette is a week or ten days after the menstrual flow, but if the treatment is for menorrhagia the hemorrhage need not delay the operation, but on the contrary should hasten it.

-The Virginia Med. Semi-Monthly.

CASE OF EARLY PREGNANCY.
Dr. Mitchell, of Locust Grove, Ga., reports a case of early pregnance which he has had filed in his office for more than 20 years. It is as follows: Fanny Allen, colored, born July 17, 1860. Was first confined (girl) January 11, 1872. Again confined (twin boys) July 18, 1873. The woman, or rather, girl, thus became a mother at the early age of eleven years, five months and twenty-three days, and gave birth to twins at the age of thirteen years, one month and fifteen days. He further states that the

children were of good size, lived and grew well, and that the mother's suffering in labor appeared to be less than common.

-Atlantic Medical and Surgical Journal.

STERILITY.

Graefe (Centralbl. fur Gynak., No. 49, 1895) gives the following causes

of sterility:

1. Anomalies of the hymen or malformations of the genital tract. A very large vagina, as the sperma may flow out immediately after coitus.

2. Vaginismus.

3. Excessive acid reaction of the vaginal mucus, as it destroys the power of motion in the spermatozoa.

4. Narrow external or internal 9s, anteflexion, retroflexion, endometritis, gonorrhea, especially with involvement of the adnexa, neoplasms.

5. Constitutional diseases, as tuberculosis, syphilis, chlorosis and obesity.

-New York Medical Record.





THE OLD BAY LINE.

Its Position Defended by its President.

In discussing the establishment of a steamboat line between Baltimore and Norfolk by the Southern Railway, Mr. R. Curzon Hoffman, president of the Baltimore Steam Packet

Company, said:

"The Baltimore Steam Packet Company, more generally known as the Bay Line, was organized in 1839, and for more than fifty years has transacted the bulk of the transportation business between the ports of Baltimore and Norfolk and Portsmouth. It has largely contributed to the prosperous growth of those cities. It has created, stimulated and sustained favorable traffic conditions and relations. Year after year it has augmented the volume of commercial transactions to and from all parts of the world. Its capacities for accommodating trade and travel have been enlarged to fully meet the general demand. Its vessels—safe, commodious, seaworthy and swiftare incomparably superior to those on any other inland sea. Every invention or appliance that adds to luxurious comfort or enhances human safety and enjoyment has been adopted regardless of cost. Its dealings with connecting lines and the public have exemplified broad and liberal policies in complete accord with the spirit of that injunction. 'Do unto others as you would have them do to you. During the long period of its existence the Bay Line has experienced various vicissitudes of fortune. It has had its ups and downs, its good seasons, its discouraging reverses. Overcoming all obstacles, it has steadily pursued its onward course, inspired by unwavering confidence in itself and the favor of the public whose allegiance has never faltered.

"The aim and object of the South-

ern Railway in establishing a new and uncalled for line of steamers between Baltimore and Norfolk is to compete with the Bay Line in its own field for all kinds of business, invade its sources of supply, reduce its revenues, cut into its profits, cripple its efficiency as a public carrier, disrupt its friendly alliances and inflict on it all the injury it can. Unable to purchase a controlling interest, it will not hesitate to resort to any of those questionable methods in which practice has made it so expert to depreciate the value of stocks to force a sale or drive its opponents altogether from the field. It has doubtless counted the cost, but considers that to be a matter of minor consequence, as the Southern is backed by a syndicate who have millions at their disposal and who would not hesitate to sacrifice much to gain a strategic point. They already own and operate thousands of miles of railway in the Middle and Eastern States and can dictate pretty much what rates they choose. But they will be still better able to do so when they have secured an outlet exclusively their own via Norfolk to Baltimore. Then they will be masters of the situation; then they can defeat opposition and stifle independent action.

"The legitimate traffic between the two cities of Baltimore and Norfolk hardly suffices for the Bay steamers and does not warrant the construction and maintenance of an opposing line. The Southern Railway is well aware of this fact, although it pretends to the contrary. It knows that the Bay Line is amply competent to handle any additional business that might accrue to the Southern at its Norfolk terminal. It knows that when I offered to do this. guaranteeing the same facilities accorded to other lines, it refused to accept the proposal on the pretext that the Bay Line was too closely

identified with the Seaboard Air Line, although it is independent of that or any other connection. The Southern alike refused to avail itself of the proffered service of the Merchants' and Miners' fleet, running a daily line between Baltimore, Norfolk and Portsmouth, which is the Southern Railway's accepted connection on all its business coming via water between Boston, Norfolk and Portsmouth and which line is owned and operated by wholly disinterested parties.

"The inference and conclusion is irresistible. The Southern cannot rule the Chesapeake and monopolize the traffic between Baltimore and Norfolk without first driving the Bay Line from the field, or inflicting on it mortal injury. The Southern in its York River lines already has a shorter water route by forty-two miles to Baltimore, but this is not sufficient and does not deter it from assaulting the vested rights of a long established line. It will endeavor to secure whatever ulterior advantages it can gain in this direction whether by fair means or foul.

"So far as the Southern is concerned, an official correspondent and representative of that corporation, characterizes its policy, past, present and future, in these words: 'We cannot do any business over any line not owned or controlled by ourselves.' This was said in reply to the Bay Line and Merchants' and Miners' proposition to carry their traffic. It goes without saying that with a desire to protect the interess of stockholders and those of associated and friendly lines, as well as many other vast and varied business interests, I have restored to every honorable expedient to avert the disastrous consequences I foresaw would result from the action of the Southern. deplored it as an unfortunate move, involving serious complications. The efforts made by me in both a personal and official capacity to maintain the status quo and preserve peace and harmony have been without avail. The olive branch that I have time and again extended has been as often refused. In view of all these facts and others the conclusion is inevitable that the intruders upon our domain intend by systematic attacks upon the Bay Line to demoralize its revenue and inflict on it all the injury possible to break it down or drive it from the sea. Such a result would prove not less disastrous to the public than to every railway and steamship line doing business with it.

"The Southern in forcing this fight must be held solely responsible for the dislocation and disruption of business relations, the acrimonious warfare and demoralization of rates that sooner or later must ensue. The Bay Line cannot supinely fold its hands and acquiesce in the destruction of its property, the estrangement of its business, the diversion of its traffic and the deterioration of its stock. Self-preservation is the first law of nature, and public opinion North and South will vigorously uphold us in resorting to all legitimate and honorable means to protect our property rights and those entrusted to our care.

-Baltimore Sun.

NAVY CHANGES.

Changes in the Medical Corps of the United States Navy for the week ending June 27, 1896:

June 23—Assistant Surgeon S. B. Palmer, detached from the New

York Laboratory June 29.

June 26—Passed Assistant Surgeon George Rothganger, detached from the Independence July 15, and ordered to the Oregon.

June 29—Surgeon L. G. Heneberger, detached from the marine rendezvous, New York, and ordered to the hospital, Widow's Island.

Passed Assistant Surgeon E. S. Bogart, ordered to the New York

Nav- Yard, July 2.

Passed Assistant Surgeon T. C. Craig, detached from the New York Navy Yard July 2, and ordered to the marine rendezvous, New York.

July 2—Passed Assistant Surgeon W. F. Arnold, detached from special duty in China and Japan, and ordered to return home.

Assistant Surgeon H. F. Parrish ordered to the Naval Laboratory, New York city.

THE RACYCLE.

It has been said that when a clock was made small and perfect enough to be carried in the pecket it was called a watch. So when the perfection of a bicycle was achieved, the completed machine was christened a "Racycle." The Miami Cycle and Manufacturing Company, of Middletown, Ohio, have certainly attained the acme of success in their 1896 "Racycle," which has every improvement that a bicycle possesses, and others which render it infinitely superior to any bicycle ever made. The changeable gear, the direct pull on the shaft (the chain and sprocket running inside the bearings), and other features might be mentioned in-definitely. The Racycle is, in addition, the lightest running and most beautiful wheel made in the world. It is creating a sensation already, and will doubtless be to the front next year. The Miami Cycle and Manufacturing Company will doubtless be pleased to send a catalogue to any bank officer making the request.

We would respectfully call the attention of the traveling public to the popular water route between Philadelphia and Baltimore covered by the Baltimore and Philadelphia Steamboat Company (Ericsson Line), via Chesapeake and Delaware Canal.

The steamers of this company have large and greatly improved passenger accommodation, affording every comfort to their patrons; they consist of handsome saloons, richly upholstered and furnished; large, airy dining room, where choice meals with all substantials and delicacies are served in fine style; smoking room; fine, large, handsomely furnished state rooms, for first-class passengers; there is also a separate apartment for second-class passengers below the saloon; the secondclass passengers are not allowed on the saloon deck, the saloon deck being in charge of a deck officer, whose duty it is to look after the comfort, and attend to the wants of passengers. These steamers are lighted throughout by electricity and heated by steam; thus both heat and light,

for each state room are under control of the passenger. Steamers leave each port at five o'clock P. M. daily, except Sunday, arriving early the next morning.

BICYCLE SUPERSTITIONS.

Folks open to the influence of signs, omens, etc., should read the following list of bicycle superstitions:

1. The wheelman who allows a hearse to pass him will die before

the year is out.

2. To be chased by a yellow dog with one blue eye and one black eye indicates a bad fall.

3. To see a small boy with a slungshot beside the road is a prophecy

of a puncture.

4. If you pass a white horse driven by a red-haired lady, your rim will be split unless you say "cajandrum" and hold up two fingers.

5. The rider who expectorates tobacco juice on the track will lose

a spoke.

6. If you take your machine to the repair shop it is a sign that you will not buy that new suit of clothes.

7. Kicking the man who asks the make of your wheel is a sign of high honors and riches within a year.

8. Lending a wheel is the sign of

the double donkey.

9. To attempt to hold up a 275-pound woman learning to ride is a sign of a soft spot.

A STUDENT'S MISTAKE.

In a certain Irish college the student, at his oral examination, has to give answers from a pulpit before the Board of Examiners. Once a student, who had no mean opinion of his attainments, ascended the pulpit with a rather self-satisfied and hopeful air. The examiner, determined to "lower" him a little, plied him with a series of stiff interrogations. Hardly a single correct answer was given, and when his time had expired, the student descended and returned to his place, crestfallen and humiliated.

"Now," said the victorious examiner, when he caught the eye of his victim again, "if you had gone up as you came down, you'd have come

down as you went up."

-From Daily Lancet.

Captain Frank Charlsen, formerly an officer on Mr. John Jacob Astor's yacht, and his brother, have built a fine little vessel especially for this voyage. She is twenty feet long over all, six feet, eight inches beam, and twenty-six inches draft; is sloop-rigged, with jib mainsail and small flying jib. By an ingenious contrivance the mast is ready to house instantly in case of emergency. She has been christened the "Sozodont," in honor of the well-known dentifrice of that name, and will carry packages of Sozodont and advertising matter for special use in England. No American product has ever before been sent over in such a boat.

The Sozodont will proceed by the Northern passage to Queenstown, and thence to the following, among other ports in Europe: Isle of Wight, Southampton, London, Hamburg, Bremen, Berlin, Antwerp, Copenhagen, Stockholm, Christiana, Bergen; returning to Hull, to Leith, by canal to Edinburgh, thence to Glasgow, Liverpool, Newport (Wales), Cork, Belfast, Londonderry, and thence to New York, arriving in the summer

of 1897.

The boat will lie at the Battery from Friday noon to Sunday afternoon, June 21, when the start for Europe will be made, probably between three and four o'clock. Visitors will be allowed. No admission is to be charged.

No other ocean voyagers have attempted to do what these men will undertake. Theirs will be the first small boat to cross the Atlantic both ways. About ten years ago the Red, White and Blue, a bark-rigged cabin boat, sailed from New York to Liverpool. Later, the following accomplished the voyage one way:

Captain Andrews, from Atlantic

City to Spain, in the Sapolio, a cabin boat: Captain Fritz, a Russian Finn, from New York to England, in the Nina, a forty-two-foot, schooner-rigged cabin boat; Captain Anderson, from Norway to Chicago (World's Fair), in the Viking (78 feet long), a reproduction of the original Norse boat of that name. It will also be recalled that Captain Webb went across one way in The Dark Secret, a deck boat.





THEOBROMINE AS A DIURETIC.

Dr. Huchard, Professor of Medicine at the medical faculty of Paris, has come to the conclusion that theobromine is one of the best and most reliable diuretics in anasarca due to renal or cardiac affection. Its action is exerted upon the renal epithelium, the function of which it stimulates without determining any change of this epithelium. The diuretic effects of the obromine are not enhanced by association of digitaline, caffeine or lactose. The effect of this drug is not accumulative, and it is not toxic. Apart from occasional headache, it only determines slight symptoms of digestive disturbances. The author exhibits the obromine as follows: The first day he gives three grammes in six powders of fifty centigrammes each, the second day four grammes in eight powders, and the third day five grammes in ten powders, repeating this dose for three or four days. In certain cardiac affections he administers subsequently a half or one milligramme of digitaline during one day, in order to prolong the diuretic effect.

-London Medical Times.

INFLUENZA AND TYPHOID FEVER.

It has been noted that influenza has sometimes been closely followed by an attack of enteric fever. At times the one disease appeared to pass into the other. In such cases it is difficult to trace out the causation; but both milk and oysters have come in for some share of blame. The suggestion is now thrown out that the ice is not infrequently given to persons suffering from influenza to suck, and that it is a possible carrier of infection as the source whence it has been procured is not always above suspicien.

TYPHOID FEVER.

Diarrhea is treated by withholding excessive quantities of food, and by the use of such remedies as bismuth, salicylate, opium, etc. Overfeeding is largely responsible for tympanites. Oil of turpentine and oil of anise will usually relieve the distension.—King.

CANCER.

Dr. J. C. Ross (La Semaine Med.) has found that the internal use of the bark of Ceylon cinnamon is an excellent palliative measure in the treatment of carcinoma of various internal organs; it must be given in large doses. He employs the following formula:

R.—Ceylon Cinnamon Bark...11 to 3 oz. Water3 quarts.

Boil this mixture down to a quart. Decant without filtering. Take a pint every twenty-four hours by the half-glassful, preferably after eating. Shake the bottle well before taking.

This treatment has given him good results in carcinoma of the stomach, breast, tongue, rectum and uterus. The principal effect is to quiet the pain, decrease the odor and improve the general condition of the patient. With this treatment patients who have been for a long time under morphine have been able to dispense with this drug.

THE THREE POISONS OF TO-BACCO.

The most dangerous principle of tobacco is not nicotine, as is generally supposed, but pyridin and collodin. Nicotine is the product of the cigar and cigarette; pyridin, which is three or four times more poisonous, comes out of the pipe. It would be well, both for the devotees of tobacco and their neighbors, if they took care always to have the smoke filtered through cotton wool or other absor-

bent material before it is allowed to pass the "barrier of the teeth." Smokers might also take a lesson from the unspeakable Turk, who never smokes a cigarette to the end, but usually throws it away when a little more than half finished. If these precautions were more generally observed, we should hear much less of the evil effects of smoking on the nerves and heart, and on the tongue itself.—Charlotte Med. Jour.

DYSPHAGIA OF LARYNGEAL TUBERCULOSIS.

First clear the larynx of mucus with an alkaline spray (Vichy Water), then use this as an insufflation: R.—Chloro-hydrate of morphine....

Milk sugar4 centigrammes.

Gum arabic4 centigrammes.

The anesthetic effects are estab-

The anesthetic effects are established in forty-five minutes, and often persist for many hours, and even all day.

-Journal of Laryngology, June, 1896.

Dr. Augustin H. Goelet, professor of gynecology in the New York School of Clinical Medicine (Clinical Recorder, July, 1896), believes that the best method of closing the abdominal wound after coeliotomy is to use a continuous suture of fine (No. 1) chromic cat-gut for uniting the peritoneum, and to include with this suture the muscle, but omit the fascia. Next, deep sustaining interrupted sutures of silk-worm gut are inserted. These are made to include the skin fascia and muscular layer. Before tying these the fascia is united separately with a continuous suture of the same fine chromic cat-gut.

The silk-worm gut sutures are now tied, the surface washed off and dried

carefully.

The ideal dressing for the wound is one which has no disagreeable odor and will keep it perfectly dry. This will prevent germ propagation. He now uses a boro-phenate of bismuth known as markasol, which has given more satisfaction than anything else that has been employed.

This is antiseptic without being irritating and is slightly absorbent and astringent. It will absorb the

first oozing from the wound, but holds in contact with the margin of the wound the protective lymph which is thrown out to favor union. It is dusted plentifully over the wound covering it and the sutures completely; over this is placed a layer of plain sterilized absorbent gauze and over this several layers of absorbent cotton, which is held in place by strips of rubber adhesive plaster (nearly encircling the body) and a many-tailed bandage.

This dressing may be left undisturbed until the sutures are removed. Then the same powder is again used and a similar cover dressing reap-

plied.

Since adopting this method of closing and dressing laparotomy wounds they have given no trouble whatever, and have invarably healed, by first intention, and the eschar is firm and unyielding.

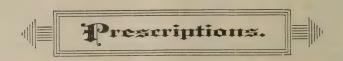
POISONOUS EFFECTS OF BOR-AX.

At the present time there are a vast number of preparations intended for the cure and preservation of foods, which depend for the claim advanced upon the large portion of sodium biborate contained. This fact has led Fere, of Paris—who has had considerable experience with the drug in the treatment of intractable cases of epilepsy—to investigate its

physiological action.

He several times found it necessary to give large doses for long periods, and frequently met with persons who were peculiarly susceptible to the drug. The untoward effects were loss of appetite succeeded by burning pain at the pit of the stomach, buccal dryness, and eventually nausea and vomiting. Also a remarkable dryness of the skin was produced which not only favored, but in several instances caused, skin maladies, notably eczema; the hair also became dry and fell out, threatening complete baldness. The most dangerous result of the use of sodium biborate is its power to increase kidney disease, or to convert a slight renal malady into a fatal or malignant affection.

-Medical Age.



Antiseptic Dustin	g Powder.—	
R.—Hydrarg, bichl	or1-6	-1-3 gr.
Acid boric		ur.
Acid tannic .		2 dr.
Sacch. lactis		2 dr.

Rub the corrosive sublimate thoroughly with the sugar of milk and then add the other ingredients.

—Pick, Therap. Gazette.

SUMMER DISTURBANCES OF CHILDREN.

In fermentative disorders of the alimentary canal in the young, middle aged or old, listerine has given most satisfactory results. In the summer diarrhea of children, Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows:

NEURALGIA OF THE LIVER.

R.—Quiniea valerianat.
Zinci valerianataa 0.15 (gr. 21/4)
Ext. opii 0.05 (gr. 34)
Ext. quiniae0.01 (gr. 1-6)
M. et ft. one pill. Sig.—Take five
daily — Medical World.

Tonic preservative for epidemic time:

R.—Liquor potassii arsenitis.5.0 (dr. 1¼)
Tinc. eucalypti 15.0 (dr. 3½)
M. Sig.—Take eight drops in a little
water after meals.—Medical World.

ANTIPYRETICS AND ANALGE-SICS, IN COMBINATION.

Berger and Vogt have endeavored to ascertain whether it would be possible, by association, to diminish the toxicity of the usual antipyretics. They have thus, after numerous experiments, obtained excellent results from the following combination, which appears to answer the purpose admirably:

Acetenilid .					
Phenacetin					
Antipyrin	 	2.5	gme.	(38)	grn.)

It is deemed useless to administer more than four of these powders daily. This mixture has stood the test with regard to both its antipyretic and its analgesic effects, and the investigators recommend it for use in all cases in which antipyrin, phenacetin, or other antipyretics are employed.

-Med. Week, 1896, p. 96.

ANTISEPTIC PASTILLES FOR GARGLES.

For the antiseptic treatment of the pharynx and the nasal fosse, Fuerst recommends the use of pastilles composed as follows:

Boric acid	ie.
Salicylic acid 15 gm	
Sodium chloride 30 gm	
Saecharin 3 gm	
Oil of peppermint 1 gm	
Oil of eucalyptus 1 dro	p.
Make into 300 pastilles.	

One pastille dissolved in a cupful of boiling water yields, when cold, an excellent gargle. After having used two thirds of the solution for gargling, the cup should again be filled with water, and this diluted solution shuffed up the nose.

-Bull. Com., 1896, p. 563.



HINTS FOR THE HOUSEWIFE.

Flies dislike the oil from bay leaves. It is not an expensive drug, and if a very little is kept in a dish on the window ledge, or if the doors and window casings are coated with any color of fresh paint to which 4 per cent. of oil of bay has been added, insects will shun them.

Cinders make a very hot fire and one particularly good for ironing days.

* *

Milk keeps from souring longer in a shallow pan than in a milk pitcher. Deep pans make an equal amount of cream.

German country women boil in milk the yarn for their home-knit black stockings, so they will not "crock." If black underwear, equestrian tights or stockings that stain are treated in a like manner, the result will be found very satisfactory.

Pounded glass mixed with dry corn meal and placed within the reach of rats, it is said, will banish them from the premises.

The best way to prepare a new iron kettle for use is to fill it with clean potato peelings and water, boil them for an hour or more, then wash the kettle with hot water, wipe it dry and rub it with a little lard. Repeat the rubbing several times after using.

In this way you will prevent rust and all the annoyances likely to occur in the use of a new kettle.

If it is necessary to wash corsets take out the steels in front and sides, then lay them on a flat surface, and with a small brush scrub them thoroughly with a tepid or cold lather of white castile soap. When quite clean let cold water run on them by holding them under a running faucet until the soap is all rinsed off. Pull them lengthwise until they are straight and shapely and let them dry in a cool place, pulling them again when partly dry.

Carpet moths do not like to make their nests where salt has been, and one may often get rid of them by scrubbing the floor with strong, hot salt and water before lying the carpet. Sprinkle the carpet lightly with salt each week before sweeping; this not only destroys moths, but brightens the colors in the carpet.

The following is excellent for polishing nickel and steel articles: To one tablespoonful of turpentine add one of sweet oil, mix them together with emery powder enough to make it a pasty mass that will just pour. Put it on the articles to be cleaned with a piece of soft cloth and rub off quickly with a bit of flannel and use a little dry emery powder for the last rubbing.

If hard wood floors are properly finished when laid, they require but

little attention to keep them looking well; a rubbing over with gasoline every two or three months will be all they require, and a broom covered with cotton flannel, the nap side out, is the best kind of a duster to use on them every morning.

Cans of potted meats or fish may be kept some time after they are opened and partly used, if they are covered with a little melted butter or lard and kept in a cool place. This makes the contents air-tight and is easily removed when needed.

To prevent the salt from absorbing the dampness and becoming hard in the salt cellars during the summer season mix a little corn starch or rice flour with the salt, using one spoonful of starch to six of salt.

*

To clean gold jewelry with the stones in, wash in warm suds made with yellow soap, with ten or fifteen drops of sal volatile in it. This makes jewelry very brilliant.

The best way of treating a stove which has not been blacked for some time is to rub it well with a newspaper, using a little clean grease. It will take a polish quickly after a few treatments of this sort.

Some people suffer very much from their eyes when peeling onions. It is said that if a steel knitting-needle is held between the teeth during the operation this discomfort will cease or be very much reduced.

To whiten flannel when yellow may be done by putting the flannel into a solution of hard soap, to which strong ammonia has been added. Take one and one-half pounds of hard-curd soap, fifty pounds of soft water and two-thirds of a pound of strong ammonia. A shorter process is to place the garments for a quarter of an hour in a weak solution of bisulphate of soda, to which a little hydrochloric acid has been added.—Chicago Record.

THINGS TO REMEMBER.

Ingrowing nails should be cut in the middle in the form of a narrow V, its angle pointing toward the base of the toe. The cut should extend through all of the nail that is loose from the flesh. Then the rest of the nail must be scraped in the middle with a piece of glass from the point of the V. Ultimately this will effect a cure, and in the meantime relief may be secured by packing cotton under the offending corners.

When a baby has colic it is well to set it on the right knee, putting the right hand at the back of the neck and the left on the stomach.

It is said that water bugs dislike cucumbers, and if the peelings from cucumbers are kept in water and at night scattered around the pipes and the places where the bugs are seen, after two or three nights the bugs will disappear. The plan is worth testing.

Of all the stains and polishes to use for floors the cheapest and most durable stain is permanganate of potash. Pour a quart of boiling water on half an ounce of permanganate of potash crystals. Apply this hot to the boards. It will look red at first, but soon becomes a good brown.

It is essential for an invalid that the recreation be as varied as possible. Nothing pleases more than to be read to, especially short stories or interesting paragraphs from the journals which may be selected, humorous or serious, according to the taste and mood of the patient; also any interesting passages from any favorite author, poetical or otherwise. There are few people who when on a sick bed will not be pleased with a bunch of flowers, more especially if the taste lie in that direction, and if any of them have been cultivated by patients themselves they will become a centre of interest and a pleasing topic for conversation.

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JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 BETZ BUILDING, PHILADELPHIA. PA.

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VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

VASCULAR ELEMENT IN THE HEMORRHAGE.

So far in our consideration of haemostasis we have briefly touched on the haemic or morphological changes in the blood, which lead to a diapaedesis of the corpuscular elements or an elementary intestitial degeneration of them, and conditions which favor a transudate of the plasmic elements through the capiltary wall; besides those imitations in the vascular torrent which render hemorrhage difficult or impossible to subdue.

We will now turn to the vascular structures, in order that we may estimate the role which these tissues play in stopping the escape of blood.

At this stage it may be interesting

to inquire if it be probable that we may encounter pathologic states of the system, in which the blood is rich in plastic properties, while the vascular element in haemostasis is deficient. In answer to this question it may be necessary to here reiterate the primary proposition made when this series was begun, viz.: that the bleod is a "vital current," and that it is inconceivable that a healthy state of a vessel can exist for anything more than a very brief period without fresh, invigorating blood to animate and nourish it. The fact is that the sanguinous and finer elements of the vascular system are so intimately related and reciprocally dependent on each other that one cannot survive without the other.

PHYSIOLOGICAL ANATOMY.

The sanguinous system is composed of two distinct and separate classes of vessels, both with respect to their situation and functions—the arterial and venous.

To these a third may be added the capillary. The finer structural elements and the purposes which the arterial and venous systems subserve are nearly all no longer disputed questions; but not so with the capillaries. Histologists tell us that they are made up of a double plane of flat, endothelial cells, and that they are closed tubes. The former is by no means a settled question. After a long and careful study of the vascular current, through these minute paths, on the transparent tissues of the living animal, my own conviction is that their walls are lined by connective tissue corpuscles, the protoplasm of which is endowed with remarkable contractile powers. The blood corpuscles, red and white, readily pass in and out of them, and under various circumstances they are said to visibly expand and contract a property certainly wanting in nonvascular endothelia. Stricker clines to the view that the capillaries consist of a simple tunneling through the connective tissue stroma of the parts which they traverse.

This opinion, with my own observations, would seem to harmonize the antagonistic views held on this subject by Harvey and Riolan. The former believed and taught that the blood was discharged into the finer structures, the circulation duct there ending; the corpuscles by a species of attraction again coming together to enter the venous radicles. Riolan. the renowned Parisian anatomist and contemporary of Harvey, on the contrary, taught that the circulation was continuous from the finer arterioles into the venous capillaries, the view generally held to-day, though in its entirety most certainly a mistaken one. It is in the capillary that we have tissue metabolism and all those chemic and morphological changes which maintain life. Here the lymph system begins and great quantities of fluid pass and repass

from the gland epithelia, the lymph vessels and corpuscular bodies of the blood. As we observe the course of the blood approaching a capillary district it courses onward with an impetuous rush, to be brought almost to a standstill, as the almost numberless angles and spirals are reached.

Now commences the real work of animal chemistry. The arteries have performed their part when they have delivered the blood to the capillary areas. We must here leave the further consideration of the capillaries, which is practically of no importance in connection with the subject of haemostasis. It is true that we commonly hear of capillary hemorphage, but a vessel cannot bleed which does not exist—as a complete vessel. In these instances the blood no doubt issues from the smaller arterioles and venous rootlets.

DISTENDED AND BLOODLESS ARTERIES.

During life in the human body the arteries are widely distended with blood, while after death or in the dying moments they send all their blood into the tissues.

This phenomenon is still enshrouded in great mystery. To say of it in explanation that the arteries send their blood into the veins is an error, for we find these latter vessels no more distended after death than we do before; in fact, many of the larger venous trunks are rather collapsed.

The ancients are said to have designated the efferent cardiac vessels "arteries" because after death they were found without blood in their lumina, and hence they were supposed to distribute air to the tissues. Now, all this may sound very well and seem plausible to any one ignorant of the literature of ancient medicine; but can any one for a moment suppose that many of those keen observers and eminent philosophers allowed themselves to be ceived by their own senses? On a rent or division of the deep tissues they saw with their own eyes that the arteries contained red blood, and we find incontestible evidence of

something more than an elementary knowledge of the circulation by the ancients in the works of Galen, Michael Servetus and their contem-

poraries.

But will not physiologists or some of our advanced scientists explain why the blood leaves the arteries when the vital forces of life succumb? It will not do to answer that it is caused by the contractions of the arteries, for the reason that after death they are as widely dilated as during life.

But the arteries, as a matter of fact, after death are not empty; they are not collapsed, but distended to their normal calibre by "air."

Where does it come from?

In a strict scientific sense, if the arteries were "empty" we would have a vacuum formed, and their walls would be crosely collapsed.

THE ARTERIES AS CARRIERS OF BLOOD.

The arteries are a series of conduits, possessing marvelous energy, great tensile strength and remarkable resisting properties against trauma. They are always acting under high pressure and possess several characteristics and properties, some of which are capable of explanation by physical laws. They are high-

ly organized, having an independent, vascular and neural supply.

Their anatomical elements vary according to their capacity and situation, the larger having a thick supplementary layer of yellow elastic, fibrous tissue. The arteries are all deeply lodged or sheltered from violence and are encased in a sheathing of connective tissue, which is closely adherent to the outer tunic.

The blood is sent through them in a series of rhythmical jets, moving with great velocity, until its course is broken by the great number of angular branches into which they are finally divided.

If we regard these vessels from mechanical standpoint alone, then it would seem rational, in the event of their rupture or division, we should proceed to close the rent and and stop the leakage on mechanical principles. But when one has had anything like an extended experience with operative surgery or has conducted extensive experimentation on the lower animals' vessels, it becomes evident that the arteries possess in a large degree the property repair within themselves, a thorough familiarity with which constitutes one of the most important of acquisitions to the operating surgeon and practitioner.



BILIARY CALCULI.

(Continued from last number.)

Case reported by Dr. George E. Jones before the Cincinnati Obstetrical Society.

GENERAL DISCUSSION.

Dr. Ransohoff: Mr. Chairman— The subject has been gone over so well, from all points of view, there remains very little to be said, and what I have to say will probably be in contrast with what has been said.

Now, in regard to the gall-bladder being a rudimentary structure, and, therefore, more prone to disease, we have many rudimentary organs which give no trouble, for instance, the hydatid of Highmore of the testicle, of which we hear little after we get out of the dissecting room. I doubt if we hear much of the pineal gland. The gall-bladder has a function. The mere fact that in the Cincinnati Hospital a contracted gall-bladder was found does not show that the woman did not suffer from gall stones, perhaps for many years. I am led to believe that the generally adopted view that women suffer infinitely more than men from gall stones is not true. I have recently had five cases and two of them were men; I have already operated five times upon men for gall stones. It is true, usually the gall stones are found in the gall-bladder, yet I recall one case very distinctly, presented by Dr. Withrow to the Academy of Medicine, in which the man had a stone in the common duct and another in the hepatic duct, and the largest was, I believe, in hepatic duct.

In regard to the statement that gall stones developing in old persons must lead one to suspect malignant disease, or that there is a distinct relationship between malignant disease and gall stones in the aged is undoubtedly true; and yet I have seen many cases in which, because of the age of the patient, it was supposed a

malignant disease was present and an operation refrained from. The first gall stone operation I did was on an individual 76 years of age, who never had suffered at all until six or eight months before the operation, and yet had five large gall stones without any malignant disease. Quite recently I assisted Dr. Evans in a cholo-cystotomy in a man aged 74, who had all the evidences of a grave icterus, in whom the tumor could not be distinctly felt, but a tenderness could be detected in the neighborhood of the gall bladder, and in whom the diagnosis was made of a probable malignant disease. In that case four or five gall stones were removed from the gall bladder, and there was no vestige of malignant disease.

The technical part described by the gentlemen to-night tallies with the general methods. I believe the operators, however, have not made a mistake by not making an ideal cystotomy. Opening the gall bladder, removing the stones and then dropping the gall bladder back into the cavity should not be done. I have never had the courage to do it. I know in many cases there has been no flow of bile for 12, 24 and 36 hours, and then the flow of bile comes on with a rush. If the stitches at that time were not firm and the gall-bladder in the cavity the end might come very quickly. I do not make the operation in two sittings, as do some. When one has a large gall-bladder to deal with the operation is certainly one of the simplest in surgery. There is nothing simpler than making a cholecystotomy if the gall-bladder can be brought into the wound. It is only when the gall-bladder is very small, when there have been adhesions and one must operate through an incision; in a woman weighing possibly 240 pounds and only about four and one-half feet in height, that the operation assumes very great technical difficulties. remember in one case we were certainly at the operation an hour before we could find the gall-bladder itself. In that case it was absolutely impossible to bring the gall-bladder into the wound at all. The Murphy button had not been devised, and I doubt if it would have answered. We packed the wound after operation and the patient recovered very promptly.

The Doctor asked whether there is ever any reason to remove the gall-bladder. I think there is. If we can do nothing with the gall-bladder and know the ducts are perfectly patent we are justified in removing the gall-bladder. Sometimes the gall-bladder is so soft and friable it is dangerous to leave it in the patient, and in such cases it should be removed, if for no other reason, to demonstrate what our friend here has said, that the gall-bladder is a useless

structure.

Speaking of difficulties of diganosis, only in one of all my cases of gall stones have I ever been able to make a positive diagnosis before the operation by the passage of stones, and that was a case operated upon not long ago at the Good Samaritan Hospital. The patient had passed 14 or 15 stones. At the time of the operation, although we could feel stones, we could not remove them. They disappeared under touch. The patient was retained in the hospital for about two months, and he has had no attacks since. The feces have been washed and no stones found. Very few surgeons have many cases without some mortality. When speak of the fatality we must divide the cases into two kinds: 1. When the stones are in the gall-bladder or cystic ducts the cases ought to get well. 2. But when the stones are in the ductus communis choledochus, perhaps 30 or 40 per cent. of the cases will die. The facility of the operation is not here nearly so great. Worse than all, we are dealing here

with a region in which we have some blood vessels of very significant size, the wounding of which, while it may not be immediately fatal, certainly produces a degree of hemorrhage that is very alarming. In one case I was fortunate in finding the gall stones in the ductus communis choledochus, but it was impossible, because of the pozing, to remove them. I packed the wound, and after 24 hours was ready to remove them, but I removed them then without the patient's knowledge—for he was dead. I have had two cases of stone in the ductus communis choledochus, one in a man and one in a woman, both of whom recovered. The question of asantomosis between the gall-bladder and intestine is one with which I have had no practical experience. I think it would be better to resort to the plan which originally led to the bringing of the bile into the intestine as a secondary opera-The operation of cholecystenterostomy was really an operation which was devised to overcome fistula of the gall-bladder that would not heal. Right here I might say I was interested in the remark made by Dr. Jones in regard to his case, that he had allowed the fistula to remain open a considerable length of time. I know I have allowed some cases to remain open for the simple reason I could not get them to close. one of the banes of cholecystotomy. When we come to the turning of the bile into the intestinal canal I believe it is safer to make the operation in two sittings. When it is impossible to know an obstruction will be relieved I think it is wiser to establish an ordinary fistula, and if that will not close of itself—in other words, if the obstruction in the ducts is not overcome—it is better later to turn the bile into the intestinal canal. You know, Mr. President, operations upon patients who are jaundiced are very often fatal. The operation, then, so far as its gravity is concerned, is very different from that in a patient who is not jaundiced. The less we do in the jaundiced individuals, except to give immediate relief, the better it is for those individuals. We had better give the patient an opportunity to recover from his jaundice before resorting to a

grave operation.

Dr. Dunning, of Indianapolis—Mr. Chairman: I did not purpose saying anything upon this subject to-night, and, besides, I believe there is little left to say, since the subject has been so thoroughly discussed. But as to diagnosis, I believe it has not been clearly enough shown that there is a possibility of differentiating an obstructed gall-bladder from a floating kidney. It seems to me we ought not very often mistake one for the other. If we remember the distended gallbladder always rises and falls with respiration, and that nothing can hinder this unless some force is applied to the gall-bladder, and that the movable kidney may be moved so far away from the under surface of the liver and the diaphragm that it will not be in any way influenced by respiration. This is a practical point of very great value in differentiating between these two morbid conditions. I have been enabled several times to demonstrate a floating kidney when a distended gall-bladder has thought to be the trouble. The best position for the patient in examining for distended gall-bladder is upon the back, the thighs flexed upon the trunk, the abdominal walls relaxed. Then we can take hold of the fundus of the gall-bladder, and if the patient takes a long inspiration the descent of the gall-bladder and liver can be accurately determined. It will recede again during expiration. If the patient is put on the side, if there is a floating kidney, we can push the kidney far beyond the edge of the ribs and imprison the kidney by pushing the other hand between the kidney and liver, depressing the wall so there is no movement of the kidney during respiration. Now, in matter of diagnosticating gall-bladder trouble and differentiating tween that and malignant disease, I have considerable feeling, having several times made incisions for supposed distended gall-bladder and found malignant disease. In one instance I found a malignant disease extending up into the liver, and in another instance I found a nodule

which so nearly resembled the gallbladder that I thought that organ was involved. I think I made a mistake in both these instances in operating when there was absence of the characteristic pain. I believe I would not operate again unless that pain were present. I think no matter how distinct a tumor we may have, no matter if it is in the region of the gall-bladder, if we have pain absent we should refrain from operating. In the two instances in which I operated and found cancer there were extreme jaundice and hemorrhage. The hemorrhages had been present for some little time before the operation. I believe we may conclude from the study of cases that hemorrhage with jaundice is more frequently present when there is malignant disease than when there is simply jaundice from distended gallbladder. I believe, as Dr. Ricketts has told us, every man must be his own judge when it comes to operating. I never did the ideal operation, yet once opened the common duct behind an impacted stone and took it out. In that instance the walls of the duct were so thick I thought the operation simpler than attempting to crush or remove the stone from above. The patient made a good recovery. In another case I was unsuccessful in removing a stone at one sitting, but succeeded subsequently. In that instance we have now intermittent closing of the common duct and the fistula remains open. Possibly some stones were left behind and there may be a re-accumulation.

I am very much pleased I am able to be present to-night, and thank you for the courtesy accorded me.

Dr. Dandridge:

Mr. President—I have had so very little experience in this branch of surgery I do not believe I can contribute anything.

Dr. Reamy:

I have seen several cases that have gotten well without operation. I only mention that in contrast with the expression of my friend. I do not mean by that an operation is not justifiable or ought not to be done, but I simply want to call at-

tention to the fact it is not always necessary to operate at once.

Dr. Rufus B. Hall:

Mr. Chairman and Gentlemen—I quite agree with the remarks of one of the speakers, that we should divide these cases into two classes, one the cases in which the operation is performed upon the gall-bladder and the other class those operated upon the common duct. The doctor will remember this subject was discussed at the Academy a few months ago, and then I said I thought the mortality following the operation of removal of a stone impacted in common duct, when the patient is markedly jaundiced, five to eight or ten weeks duration, was more than 50 per cent. The doctor at that time thought 30 per cent. or 40 per cent. would cover the mortality. grant that will cover the reported cases, but when we take into consideration that many operators report their fatal cases last or not at all, and in many neighborhoods there are unreported cases of fatai operations, especially the fatal cases the operations upon the common duct, I am fully convinced the mortality is 50 per cent., if not greater, following operation for removal of stones impacted in the common duct. From this we can draw a practical lesson, which was emphasized by the speaker, that we should do incholemic patients as little surgery as possible. We must give the patient the best chance possible. Do not do a long operation when you can unload the patient by making a fistula, and then, if necessary, make a secondary operation to case the fistula, when he is practically a well man. The second lesson is that a large number of patients suffering from stone in the common duct have suffered for a long time, years and years, and finally jaundice comes on and after several attacks there comes the desperate one, and after the jaundice has continued for a number of weeks and at almost the last they consent to an operation. The lesson to be gained from this is a practical one. The patient known to be suffering from gallstone colic year after year should be operated on before the

stone is driven into the common duct. They should be operated on while the stone is still in the gall-bladder before they do have jaundice. other words, I believe we could make a working rule something after this: If a patient were known to have gallstone, and the suffering is of such a character as to demand relief. after several attacks lasting over a number of months, then advise operation and do not wait until the stone is forced into the common duct, converting the case from one in which 98 per cent. recover to one in which

fully 50 per cent. die.

In reference to the case reported by Dr. Jones, I remember seeing the case in the wards of the hospital and examining it hurriedly. While visiting another patient at the hospital the doctor asked me to come in and see that case. I rather considered that a compliment and did not regard my visit as a consultation or know that I was expected to express an opinion. In answer to a question, I said in a laughing way, "Doctor, I believe I would cut the patient in front." I did not say what I thought it was, I did not make a diagnosis, but I said I would cut the patient in front because the diagnosis was so uncertain. I do not know what I would have done if I had had the case to consider and oper-Possibly I would have ate upon. made the incision in the back. But as it is I think the Doctor does not owe us any apology, for if all our cases of gall-bladder operations do that well we should be satisfied. Dr. Julia Carpenter:

As to the medical treatment of non-surgical cases there are two points to which I would like to refer. The first is concerning the treatment during the attack, and the second concerning the treatment between the attacks. A brief statement of a case will illustrate these two

points.

Nearly three years ago I was called to a case of very extreme colic from gallstones. The patient said: "Can you not relieve me without a hypodermic? I have so many attacks and am so sick from the morphine for several days following that I dread that sickness almost as much as the pain itself." I replied, "If you have the patience to endure the pain we will try something else first." I then gave him ten grains of phenacetin, which brought some relief. In ten minutes the dose was repeated and the pain grew still less. Three antikamnia five-grain tablets were then given ten minutes apart. By that time the pain had almost ceased, the patient fell asleep and that ended the attack. In a few days he was about again, and was most grateful for having escaped the several extra days of sickness from the morphine.

I inquired whether he was sure the trouble really was gallstones and whether any had ever been found. He replied he had had several physicians and each one had diagnosed gallstones, but no one had ever told him to search for them. I then explained to his wife the process of searching for them, viz: To have the evacuations diluted with water and strained through cheese cloth. result was there were found three small, pure white stones, each one having the appearance of a two-grain oval quinine pill. They pulverized easily and had the exact appearance of white cholesterin crystals.

In a few months he had another attack and the same treatment relieved him. In nine months more he again had an attack, but the same treatment did not relieve him sufficiently, and I followed it with a hypodermic of one-eighth grain of morphine with atropine, when the pain ceased entirely. No nausea followed the morphine and the same speedy recovery ensued.

The point of interest is that morphine is not always necessary to relieve these cases, and when the other remedies are not sufficient, still if used first less morphine is required and the dreadful sick stomach that follows its use can be avoided.

As to the medical treatment between the attacks there is a method that has not been mentioned, with which I have apparently had success. That is the systematic irrigation of the bowels with at least two quarts of water twice a week. In the case mentioned a year has now passed since the patient had an attack and before using that method, for a number of years, an attack occurred every few months. This treatment, I believe, has had considerable to do with the good result.

Dr. Edwin Ricketts: Mr. President and Gentlemen—The first patient I operated upon was a lady 63 years of age. In that case the stones were found in the common duct. Already I have had five cases in which undoubtedly there were calculi, in one case 28 grains of stone in the common duct, in another case two stones in the common duct. In the case 28 stones they were in the common duct as well as in the bladder. One thing as to the stones permanently engaged in the common duct. I do not think anybody ought to attempt to do anything in gallbladder surgery without a pair of ligature forceps, for by introducing them and then opening them they dilate the gall-bladder wall, which we must remember can be stretched, and by the use of these forceps we can in this way extract the stones easier than in any other way. In a case operated upon last May I used the Murphy button. That is the extent of my experience with that instrument. The patient since that time weighs about 25 pounds more than she has weighed for years. The button was passed the thirteenth But the greater number of day. these cases are treated by the oldfashioned cholecystotomy.

Dr. Bonnifield:

have very little further say, Mr. President. As I said when I reported my case, I was unable to discover any cause for obstruction in the common duct, but as my patient was old and very weak, this exploration was not as thorough as might have been. The cystic duct certainly was not dilated. I could see the opening of the duct and could feel it very distinctly with my finger, and I could trace both ducts through their whole course and could discover no cause for obstruction. So I hope in time the obstruction will pass away. I telephoned

Dr. Mitchell to-day and he said the patient was still discharging a large quantity of bile, but he said she had gained considerable in health. In regard to Dr. Dunning's remarks, as to the ease with which we can diagnosticate between floating kidney and gall-bladder, I agree with him we can. But there is such a thing as a misplaced kidney, not necessarily movable, and in such cases the differential diagnosis may be very difficult.

Dr. Wenning:

The first point I would like to answer is the one raised by Dr. Eichberg as to the absence of the biliary matter in urine. I cannot vouch for that case, but that was the history given me. I question very much whether that was the fact. I do not know whether chemical examination previous to the time that the diagnosis of cholelithiasis was made.

Now as to the intermittent fever. At the time that the pains came on the patient evidently had more fever at night than in the daytime.

As to the remarks made by the other gentlemen, I would like to take exception to the complete ruling out of cholecystotomy by Dr. Ricketts. I think his remarks are too sweeping. If it is simply a useless organ, I cannot see what good can result from leaving a badly diseased gall-bladder in the body. In the great majority of cases cholecystotomy is indeed a safer operation than cholecystectomy and if the normal functions can be restored, with patency and diet, it is the only justifiable operation. But when the function of the gall-bladder is destroyed and there is a constant liability to recurrence, cholecystectomy is undoubtedly the ideal opera-There is no reason why, with proper precautions and in skillful hands, the mortality from cholecystectomy should be any greater than that from cholecystotomy.

Dr. Schoolfield:

In regard to the differentiation of distended gall-bladder from movable kidney, I have a case in my mind in which three as able diagnos-

ticians as ever were members of this society made a mistake in diagnosticating a case as distended bladder, which turned out to be a floating kidney. With each respiration the tumor came down and could be felt. There was jaundice, there were periodic attacks such as we have in gallstone colic, and also the respiratory projection of the tumor. I have had the lady under observation about three years and during almost all that time I have treated her for gallstone colic. She has had repeated attacks of jaundice from pressure, but within the last two or three months I have been able to make a very distinct diagnosis of floating kidney. The kidney has enlarged and come down low enough to enable me to get between the kidney and the diaphgram. But this case shows it is not always easy to make a differential diagnosis between distended gall-bladder and floating kidney.

In reference to cancer occurring in persons with gallstones, particularly old persons, I do not think the age of degeneration produces the cancer simply coincident with gallstones, but the gallstone itself, by causing irritation, is the original factor in producing malignant disease. I think also, as Dr. Ranschoff has said, on those cases of obstruction of the gall duct in which there is extreme jaundice, if we make cholecystenterostomy, it is best to do it secondarily. The danger of operation with extreme jaundice is certainly very great, and it is much better to make a fistula to relieve the jaundice and afterward do a cholecystenterostomy if necessary.

Dr. Edwin Ricketts:

I do not think the Doctor understood me in regard to the cylinder of Murphy, about which I spoke. It is a cylinder about four or six inches in length, in which there is a button that can be fastened at the bottom of the cylinder, and then it can be packed around from bottom to top. The cases I think are better treated in that way than with cholecysterectomy.

LA FOLIE EROTIQUE.

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS.

Translated from the third French edition by F. E. Chandler, M. D.

(Continued from last number.)

III.

OBSCENE FORM.

The obscene form of sexual excitation is found in persons whose language, attitudes and gestures are constantly lascivious; but the physical condition does not correspond to this purely physiological excitation.

These persons who boast of their vice are almost always absolutely

impotent.

These phenomena are common in general paralytics, in some old men and in a large number of raving maniacs.

Speaking in a general way, we may say that there is lack of coordination between the cerebral and

genito-spinal centres.

In the natural order of things the sexual desires lessen with advancing age and an equilibrium is established between two opposite poles. This is the natural course and does not disturb either the physical or mental health.

In those who, in spite of extinction of the sexual power, still keep cerebral excitations that correspond to lost functions, it is quite a different matter.

As J. J. Rousseau puts it, "the wish still speaks when the senses have ceased" (la volonte parle encore quand les sens se taisent). These persons often try to remedy this state of things by the use of noxious drugs, and their mind is troubled by senseless preoccupation that can never end in normal satisfaction.

There are also patients who, without being impotent, talk so vilely that it can be attributed to nothing other than a state of insanity.

This tendency is often met with in the insane, especially in women with hysterical insanity or puerperal mania.

IV.

THE EXHIBITIONISTS.

We must now mention those persons to whom Lasegue* gave the name of "Exhibitionists."

Without being impotent, these individuals, who are sometimes young men, take a strange pleasure in exhibiting their genitals to the gaze of women and children.

One of these persons may hide behind the columns of a church and scandalize the women at their devotions.

Another waits in the hall of an apartment house until some young girl passes, to whom he may exhibit himself in an indecent attitude.

A third chooses the frequented paths of our public parks to offer an obscene spectacle to the chance

passer-by.

In this way they lay themselves liable to heavy penalties without the shadow of any enjoyment, and certainly nothing but insanity could cause an apparently well-educated and well-bred man to behave in such an idiotic fashion.

We have now in the "Clinic" a patient who may be considered as a classic type of exhibitionist.

It is a man 35 years old, of medium

size and intelligence.

He commenced masturbation in his 9th year. When 18 years of age he was arrested and sentenced to imprisonment for three months because in the open street he showed his genitals to ladies who were passing.

After his release he returned home, where one day his father caught him masturbating during

dinner.

^{*}Lasegue, Etudes medicales.

Since then he has several times been arrested for "exhibiting" in the streets with absolutely no provocation for this senseless and stupid act.

After his last arrest he was sent

here to us.

Conduct of this kind can show nothing if not insanity. These actions are so utterly wanting in common sense and intelligent reasoning that we can give the patients no other excuse.

V.

NYMPHOMANIA.

We have described the three principal varieties of sexual excitation. We shall now commence another

subject.

The word "nymphomania," as generally used, indicates erotic fury in women; the word "satyriasis" designates the same in men. Trelah, using these definitions classed among the nymphomaniacs the woman whose history I gave you in our last lecture.

This, however, is a grave error. We should reserve the word "nymphomania" to designate a severe affection resulting from a lesion of the genital organs or of the nervous centres; we may distinguish two kinds.

The chronic form, less dangerous, manifested principally by an exag-

erated sexual excitation.

The acute form, often accompanied by fever, is of quite another prognosis; its progress is rapid and usually ends in dementia or death.

An essential characteristic both of nymphomania and satyriasis is the impossibility of satisfying the pa-

tient's desires.

It is here no question of a physiological storm that clears up after the shower, but we have to deal with a permanent irritation that results from an anatomical lesion. The desires provoked by cantharidial poisoning would be fairly typical of this condition.

Nymphomania in women is often febrile and characterized by a great acceleration of the pulse, which may reach as high as 150 beats a minute. Death may supervene rapidly.

In addition to the lesions produced

by the congestion of the genital organs, the autopsy shows us thromboses of the sinus and lesions of the meninges (especially of the duramater).

We can cite several observations that are absolutely conclusive, although we regret that the details relative to the autopsies are either

omitted or incomplete.

A woman, mother of a married daughter, showed for some years an aversion to marital relations.

Later on, she was taken with violent attacks of asthma, and nearly died. Helwich* suspected that they indicated in some unknown way the beginning of an attack of erotic insanity. "In fact," said he, "I could not pretend ignorance of the reports about town as to her venereal appetites. She herself told me frankly, but without coarseness or obscenity, with what ardor she sought those amorous assaults that she had so long repelled.

She also told us, with the greatest exactness, but in modest language, and without indecent gestures, of the fire that tormented her. Hiat vagina, quasi patratorem nervum cupide admissura et amplexura; clitoris aestuat, erigitur, intu-

mescit.

Besides this, she complained of weight in the hypogastrium and of pruritus of the external genitals. Her conversation was almost entirely free from anything abnormal.

Later on, this disease grew worse and presented all the phenomena of the highest degree of hysteria. This was soon followed by death.

Examination of the womb showed four excrescences in the shape of a small kidney. Two of these contained a small cavity that did not communicate with the uterus.

These protuberances were on the base of the organ and were leaning against the vertebrae. On the same side, vesicules were seen on the ovaries. Incision of those vesiculae furnished about half an ounce of a black, gelatinous material.

In the cases of nymphomania reported by Louyer-Villermay there is

^{*}Helwich, Ephermerides naturae curiosorum, Obs. 148, p. 308.

one that is particularly remarkable.

There was a young lady who cared equally little for the companionship of men or of her own sex. She was sad and given to dreaming. (Was

she an onanist? Tr.)

When 30 years old she became more melancholy and subject to hysterical attacks, leaving the house only to attend church, and her father confessor, a man of advanced age and good reputation, was her only society.

Shortly afterward she had a pruritus on her entire body, but most pronounced on her face, which had been covered with boils for some time. To cure this furunculosis she had used bitter-sweet, milk, whey

and warm baths.

Soon after this she lost her appetite and noticed a great moral and physical change in herself. Her eyes were more brilliant than usual. Up to this time she had always spoken sensibly and used good language, but one saint's day she went early to see her confessor and acted indecently and made shameful and lascivious proposals to him. He sent her back to her parents, who wished to give her a female attendant, whom she refused, saying that she had always detested persons of her own sex. At noon of the same day she was found stretched out on the ground, face downward and with disheveled hair. Later she was found in a chair, with her face red, her eyes shining, her pulse beating irregularly and rapidly; the hypogastrium was slightly swollen and tender on pres-In reply to some questions asked her she threw a cup of lemonade into the face of her questioner.

Half an hour later she screamed and then recited the third strophe of the "Ode to Priapus." In my presence, said the attending physician, she rushed upon the male nurse that had been procured for her, begging him in the plainest language to immediately satisfy her passions, and threatening to assassinate him if he

refused.

She was then bled with difficulty, because she refused to take medicines.

Her spiritual adviser now endeav-

ored to calm her, but she immediately sprang out of bed, naked as when she was born, and in a terrible voice begged him to satisfy her lust, saying that she had always

preferred priests.

Her hands were now tied and the curate commenced to exorcise her. She soon fell asleep and her genitals discharged a vile-smelling liquid. This calm was attributed to the ex-The pulse became slower and the hypogastrium less tense; her face was covered with perspiration. The patient seeming insensible, as many as 13 leaches were placed on. her vulva and she was then put in a cold bath for two hours.

During the night she seemed comparatively quiet, but she muttered continually. Her pulse was weak and her respiration difficult. carried her hand toward her vagina often. The clitoris was in a state of

erection.

During this intermission they vainly endeavored to give her large doses of quinine.

With the next morning came a new attack, and she sprang from her bed, threw off her night dress, ran downstairs and jumped into the arms of a carpenter whom she urged to amorous assaults. She was now tied hand and foot and watched by four muscular maid servants. The priest endeavored a second time with his prayers and canticles to drive away the demons, but for fully seven hours the patient did not cease to make the most indecent proposals.

In addition to the symptoms of the preceding attack, a spasmodic contraction of the esophagus was noticed.

Before her confessor, her parents and her friends she recited the two first strophes of the "Ode to Priapus." This paroxysm lasted nine hours. Absolute prostration followed, the pulse became weak, hiccough and the risus sardonicus came on and the patient expired.

An autopsy was not allowed. This was regretable, for lesions of genital organs and, very probably, lesions of the nervous centres would certainly have been found.

In 1871, Dr. Maresch* published a paper based on observations of nine cases.

In three cases the disease ended in death in from five to eight days.

In the others the acute nymphomaniacal exaltation lasted 10 to 14 days, but was followed by an insanity with a predominance of sexual ideas that lasted in the longest case three months, and disappeared only to make way for dementia.

The author after describing disease sums up as follows: In the very acute cases the intervals of rest were extremely short; in the others the attacks of violent nymphomaniacal agitation were of shorter duration and came on at longer inter-

The movements of the heart have always been accelerated and violent. They have reached as high as 140 to 150 a minute and the acceleration of the pulse rate has always been the mest positive sign of the approaching fatal termination of the disease.

In most cases there was a wellmarked edema of the scalp, which disappeared when there was a favor-

able issue.

The author adds some anatomopathological considerations, according to which he is inclined to consider this disease as localized in the posterior portion of the hemispheres; in addition he twice found a thrombosis and once a phlebitis of the sinus falciformis.

Without discussing these observations, I will call to your attention that they seem to show exactly the characteristics of attacks of the convulsive form of hysterical insanity combined with a general state of excitation, which may in certain cases go to acute delirium.

As you see, these cases show what a mistake it is to confound nymphomania with erotic insanity.

Nymphomania is an organic disease that furnishes at the autopsy either lesions of the genital organs or lesions of the nervous centres.

It differs absolutely from the genital excitations that we have just described, and which, generally speaking, are not concomitant with well defined anatomical lesions. are true cases of mental alienation, while nymphomania, such as we have just described it, is only one of the symptoms of an organic disease.

SATYRIASIS.

VI.

Satyriasis differs from nymphomania only in its greater severity and by the aggressive character of the patients, who are prone to attack persons of the opposite sex in order to satisfy their desires.

The ancients classed all forms of erotic insanity under the name of

satvriasis.

Galen, Actius of Ameda, and Rufus of Ephesus, confounded satyr-

iasis and priapism,

Paul, of Aegina, was the first to establish a distinction between the symptoms (priapism) and the disease (satyriasis), nevertheless his other ideas seem as confused as those of his predecessors.

Aretaeus is the first who seriously studied this disease. He was acquainted with its severity and its rapid progress. He had noticed that persons afflicted with it usually died in a week. "Nam plerumque in septima die hominem consumit.

Coelius Aurelianus* defines the disease, gives its etiology and its principal symptoms. He recognizes it as a form of insanity, "mentis alienatio." His observations are precise; he has evidently studied the disease.

Johannes Hartmann** observed that the issue of the disease is fatal. "per virium exolutionem tetanum et mortem."

Wolfgang Wedel,*** the celebrated professor, of the University of Jona, and many others mention the gravity of the disease.

Satyriasis is a rare disease and especially so in our climate. much less frequent than nympho-

^{*}Maresch-Psychiatriches Centralblatt, 1871.

^{*}Coelius Aurelianus, De Morbis Acutis et Chronicis, Amsterdam, 1709, p. 249. **Johannes Hartmann, Officina Sani-tatis. Noribergae, 1677, p. 640. ***Wolfgang Wedel, Physiologica Medica, Iena, 1580. Caput, xvi, p. 572

et sef.

mania. The number of reported

cases is very small.

Like nymphomania, satyriasis may result from a lesion of the nervous centres.

It has even been known to result

directly from traumatism.

Chauffard, of Avignon, **** reports a curious case of that kind.

****Chaeffard, Journal Universel des Sciences Medicales, December, 1888. You see, gentlemen, that satyriasis and nymphomania are very dangerous diseases, which are associated with organic changes, differing absolutely, therefore, from erotic insanity.

It now remains for me to speak to you of perversions of the sexual instinct.

This will be the subject of our next

lecture.

(To be continued.)





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THE BELLEVUE HOSPITAL "DRINK CURE."

During the past month the profession of the United States and abroad has been regaled with the news from New York, bearing on the Oppenheimer remedy for alcoholism, now on trial in Bellevue Hospital.

The "Medical News" claims for itself the credit of first bringing this matter before the profession; but, as a matter of fact, the Times and Register's announcement long antedated the former, and its ringing denunciation of the whole thing, the weak-kneed Medical Board included, to the support of which we notice the "News" of August 1 gives an editorial.

It, however, makes a rather lame defense and fails to answer the demand of the Journal of the American Medical Association, which in plain terms inquires "why this Medical Board has not resigned rather than submit to the humiliation and

contempt heaped upon it?" But the News says: "The infringements on the rights of the Medical Board were properly resented by that Board and an effort was made to induce the Commissioners to see the mistake they were making." It seems, however, that these Commissioners are incorrigible, or know the ground pretty well which they stand upon, for we have it from the highest authority that Dr. Oppenheimer has been authorized to continue his experimental work as long as he likes; and in this position we are in full accord. Those not informed on the subject would suppose that the medical colleges of which this Medical Board is practically composed had some vested rights in Bellevue Hospital, which is an erroneous impression, as they are permitted to attend there only as a matter of courtesy. This Medical Board seems to forget that not so long since

"Koch's lymph" (?) was experimented with repeatedly by this same august body, long before the German physician revealed its composition to the profession. Dr. Oppenheimer has the misfortune of not bringing his "remedy" from Paris or Berlin; being a domestic nostrum, it must be ridiculed, and he not being the son or second cousin of some attending member of the hospital staff, he must be kicked

But the Medical Board of Bellevue has, nevertheless, been commanded by the Commissioners to investigate the results of the treatment, which, of course, they are unable to do, although they did respond: "To the Honorable Board of Commissioners * * * * * — In view of our long public service in your hospital, we feel justified in deprecating the trial in the hospital of any secret remedy or plan of treatment as opposed to the universally recognized traditions of our profession, and to the best interests of the sick poor under our care."

Liberty, oh, liberty, how many crimes are committed in thy name

Oh, no, gentlemen of the Medical Board, this sort of tactics will not answer. What are we to understand by your "long public service" while there are among you physicians who are not yet ten years out of a medical school, and others not a year attached to the service?

But they deprecate a plan of treatment of which they candidly confess

they know nothing.

And they are seriously shocked lest the "traditions" of the profession be disregarded. Consistency again. We remember, however, within the period of a year, how remorselessly this rapacious, heartless Board secretly conspired to plunder and wreck the fortunes of their brother-practitioners and surreptitiously secured possession of their positions, in order that the colleges might dupe the public into believing that their members alone, their faculties, were capable or should be permitted to take an advanced position in their profession or qualify as consultants.

Our esteemed and aggressive contemporary, the "Medical and Surgical Bulletin," too, seems to have its

head turned in its "Talk with the Commissioners," and proceeds with its denunciation of public officialsagainst whom it can prove nothing in such insulting and threatening language as will most certainly defeat the ends in view. The German Government purchased Koch's secret remedy and ordered a thorough trial of it in the imperial hospitals, without requesting any opinions of the Medical Boards. When the thing fizzled out, and was proven worthless, its composition was revealed. New York Board of Health introduced and enforced the use of antitoxin for many months before its real value was decided on by the medical profession, and to-day in Genoa, Dr. Maragliano has two large wards at his command in the Ospidale San Marco, the largest public hospital in the city. It will be remembered that this gentleman was the secretary of the late International Medical Congress in Rome, who is now testing a secret remedy for tuberculosis.

No! Bluff and bluster will not swerve the Charity Board, nor menaces move them from a course strictly in the line of justice and human-

ity.

Let none of our readers misunderstand our attitude in this matter, for there is no organ more ready, not only to "deprecate"—not in any namby-pamby fashion, quackerybut to denounce and condemn it in any form of its hydra-head may present; but our first duty is to the profession at large, and we intend to fearlessly expose imposters as well as crush quacks. It strikes us, however, that Bellevue Hospital's Medical Board should do a little "sweeping before its own doors" before it exhibts another spasm of virtuous indignation.

Let it strive to make restitution for some of its lately ill-gotten goods before it is forced to do so on such conditions as will forever strip it of its former dignity and self-respect; and let it prove that the ends and aims of its members are not equally or more mercenary than the "stock companies" which it affects to despise.

STOCK COMPANIES AND HOS-PITALS.

The late innovation in Bellevue Hospital has produced quite a stir

in the profession in New York.

The "Medical Times and Register" was the first medical journal in this country to make the announcement that the Commissioners of Charities, of New York, on the authority of the Mayor, had ordered a trial of a new remedy for alcoholism in Bellevue Hospital and in so doing had ignored the Medical Board, which Board, let it be remembered, by intrigues and treachery, displaced 20 of their professional brethren about one year ago and duped the old Board of Commissioners into believing they were authorized to speak and act for the commissioners, their defense being that "because the plan in operation at Bellevue had been so successful it was deemed desirable to extend it to the other hospital," a statement wholly without foundation in fact, as no doubt the forthcoming investigation will prove.

The present Board of Commissioners, we learn, have decided to take the reins in their own hands and manage the hospitals under their charge according to their own ideas, rather than be instructed by advisers who have led them into inflict-

ing a great wrong on the profession. With reference to the "new remedy" now on trial in Bellevue Hospital, it has been alleged by Medical News in a recent editorial that it is being governed by a "stock company" and manipulated by a cor-

poration.

Well, the code of ethics, which is to-day practically a dead letter in New York, denies one the right of membership who owns a patent, but it constantly does not interfere with the right medical men to incorporate, besides, let it not be lost sight of that every medical college in New York is a "stock company," strictly speaking, with nominal connections with chartered institutions, the peculiarities of which, having practically no interest in the advancement of physicians not connected with them.

This was clearly demonstrated in the "reorganization" scheme of a year ago, when their rapacity and selfishness became too transparent

to escape condemnation.

This Bellevue Medical Board have all along played a shrewd game and given an impression to citizens that the members held their position in virtue of some hereditary right, and that some great calamity must follow their absence from the service.

But the fact is, as Judge Andrews of the Supreme Court, lately decided, the Charity Commissioners alone are responsible for the medical service of the public hospitals, which plainly means that medical college teachers are in them now only as a matter of courtesy and not by any prescriptive right, and that the commissioners are at liberty at any time to introduce any line of treatment they may decree expedient and proper safeguards, be it either ecclectic, homoeopathic or otherwise. The Medical Board of Bellevue affects to look with disdain on the eclectic and homoeopathic practitioner, but the legislation of the State has conferred on them co-equal powers. It is about time that we opened our eyes to a little of past history in medicine. It should not be forgotten that vaccination when first introduced by Jenner met with the most violent opposition, and that when Simms, the pioneer in gynecology, came to New York the profession gave him a most hostile reception, and had it not been for a committee of public-spirited and independent women of New York the work of that gentleman would have been lost to the profession. Neither should we forget that Koch kept the composition of his tuberculin a profound secret until it was proven a There is much to be said failure. pro and con in connection with this subject of patients, although many of the most advanced and progressive practitioners believe that the fact of one being a physician should not prevent him the right to enjoy the fruits of an invention of serious

or extensive research.

From what we can learn the Charity Commissioners of New York are interested in a most humane and laudable work in the matter of moral and physical treatment for the unfortunate inebriate, rather than the late primitive, brutal course in vogue, which offered the poor wretch nothing but the misery and degradation of the cold, damp, dismal cell

and ten days in prison.

By all means let the profession give their united suport to any scheme that may open the way to a more rational and curative course of treatment for the drunkard. Let this Board then be a truly "charitable" one and maintain an unflinching support to a line of treatment indorsed by Drs. Crothers, Quimby, W. S. Davis, of America; Norman Kerr and others in Europe.

ADVANCES IN HEPATIC SUR-GERY.

The modern advances in the progress and evolution in the surgery of the hepatic ducts constitute a

new era in this direction.

In 1884 Langenbuch and in 1885 Parker for the first time opened the common duct for the displacement of biliary calculi. In 1890 Kummel really performed secundern artera, the first cholecotomy. He was soon followed by Heusener, Thornton, Courvosier and Riedel. Terrier, at the sixteenth congress of French surgeons reported 13 cases of cholecotomy performed by himself, and last year his student, M. Jourdan, collected an aggregate of 72 cases performed by different surgeons.

Quenu, Michaux and Vantrin have given special attention to the anatomical consideration of the subject and in this country our surgeons have kept apace, if not in advance, of their European cousins, notably Bull, Fenger, Murphy, Elliott and several

others.

Until indeed a very recent date in many of the worst cases of icterus beyond palliative medication we were able to accomplish practically nothing. Sweet oil was a favorite empirical remedy to dissolve the bilestones. But it has been recently proven that it is quite inert, except as a laxative and that the globular masses ejected after its administration are not biliary calculi, but saponified and discolored particles of the congealed oil.

Operative surgery has opened the

way to the only possible way of relief in many types of biliary obstruction, by means, although often attended with danger to life and invariably difficult, except by an experienced and skilled hand.

One of the most formidable difficulties lies in the way of diagnosis; to discriminate between obstructions produced by concretions in the ducts and those caused by morbid growths. For the former much may be accomplished by medicines and operations, and for the latter practically nothing.

The technique of hepatic surgery has been wonderfully improved during the past ten years. One of the most important advances in this direction of late years has been the use of the Murphy button, in quickly effecting a cholecysteterostomy. There are many instances, however, as in contracted or diseased gall-bladder, wherein it canot be applied, besides, even when successful, the constant infection of the gall-bladder by the intestinal contents, is a serious objection.

Vautrin has lately demonstrated by a considerable number of successful cases that the common duct is everywhere accessible to exploration, from its origin down to Vatter's ampulla, at the orifice of the intestine, and Elliott, of Boston, has shown by quite a number of operations that cholecystotomy, with removal of the calculus and rupture of the duct is practicable in any part of its course. This renders practically obsolete the former palliative operation of cholecystotomy, and definitely establishes the position of the proper line of surgery for that once almost hopeless condition of calculus obstruction of the common bile duct. Conceding, however, the brilliant advances of modern surgery on the viscera and tubular structures within the abdomen, the question arises, must we then concede that constitutional, systematic medication is inert and impotent in all these grave cases?

This is the serious problem we have to face and resolutely grapple with. Apriori, one would answer, if those disturbances which gave rise to these conditions are diabetic and provoked by disturbances with physiological processes; then surely the way to reach them would be through the blood, without shock or violence to the system, rather than by a breach through the abdominal walls, a procedure which must always be attended with a large mortality in consequence of the deteriorated

general health of the patient and the inherent danger of the procedure. Surgery in these cases should indeed be regarded as an opprobrium to the healing art, and as not a substitution of mechanical and violent means for what should and no doubt can be often remedied by internal and surface therapeutics. Wash out the clogged passages, dilute the secretions and administer solvents; clear the colon from below, make up the deficiency of bile by ox gall, and employ methodically massage and the deep Swedish movement.

That this is no visionary view is duly proven in the hands of scientific, conservative practitioners, and by the late utterances of that prince of abdominal operator, Dr. Nicholas Senn, who declared at the late meeting of the American Medical Association that biliary surgery was highly dangerous and that the German surgeons themselves, when afflicted with biliary calculi, instead of submitting to the scalpel, rushed off to Carlsbad Springs for relief, and generally returned home cured.





CARDIAC NEUROSIS AND ITS ELECTRICAL TREATMENT.

By W. F. Robinson, M. D., Albany, N. Y. From advance proof sheets of transactions of Electro Therapeutic Association.

(Continued from last number.)

SEVERE TREATMENT.

The nervous apparatus of the heart consists of four parts. The motor ganglia, which are imbedded in the substance of the heart itself and which may be called the prime movers of the heart; certain fibres of the pneumogastric and spinal accessory nerves, whose action is to slow the heart; certain fibres which run down the spinal cord, passing out with the spinal nerves and thus to the heart. Their action is to accelerate the heart beat. Lastly the nervous centres in the medulla, where the impulses of the heart originate. In cardiac neurosis some of these parts are at fault and the indication is therefore to bring them to their proper condition and function.

At this point the writer must frankly confess his ignorance, for he is unable to state positively just which part of parts of this delicate mechanism is out of order. In this dilemma he has adopted the following expedient, which perhaps should be properly called a makeshift.

A form of treatment has been adopted with the object of toning up this whole system and thus inevitably reaching the parts which need it whichever they may be

it, whichever they may be.

The way to tone up a nervous tract which has become depressed in its function is to bring it as directly as possible into the path of the electric current.

If, therefore, an electrode were

placed over the medulla and other at the point where the apex beat of the heart is felt, it would seem to fulfill all the conditions. This is not true, however, for it violates one of the most important canons of electro-therapeutics, that which tells us to avoid causing irritation. The brain being an extremely sensitive organ cannot bear but a small dose of electricity, much smaller than is necessary to apply to the other parts of this system. The electrode over the medulla would bring the direct current so close to the brain that there would be great risk of causing irritation to that sensitive organ, especially in susceptible subjects.

The positive pole is therefore placed not over the medulla, but low down on the neck, where its junction with the back gives good surface for its application. This method has proved in general very satisfactory, but this matter will be referred to later on in connection with others.

As to the form and kind of electrode, the writer prefers those made of copper wire gauze for many reasons. They are flexible and adapt themselves readily to the inequalities of any surface. They should be oval in form and about the size of the palm of the hand. The wire should be protected by a thin layer of absorbent cotton, and the whole covered with a layer of flannel.

The cotton is excellent to hold water and protect the skin from too

close proximity to the metal. The flannel simply serves to keep it in

place.

The positive pole should be applied to the back of the neck just where it joins the shoulders. Care should be taken that it fits well over the spinous processes, which are quite prominent in this region, and makes good firm contact all around. If the electrode presses unduly upon these processes it may cause irritation at their apices.

The negative pole should be ap-

plied to the cardiac region.

When the writer first applied these treatments he was very careful to place the negative electrode directly over the apex of the heart. He has since learned, however, that it does just as well to apply it in the median line over the sternum. The probabilities are that the current traverses the nervous tissues just as well in the latter case as in the former, and perhaps a little better. As to the dose applied, it is extremely difficult to lay down general rules and it is just here that individual skill and experience come in. There is undoubtedly a certain dose that will produce the best effect, but it varies in each case and it is therefore no small difficulty to determine just what it is.

In general it may be said that the proper dose for these cases is a small one, and that they do not as a rule bear much of an increase.

The following case will serve as an illustration of what has just been

said:

A married woman, 35 years old, consulted the writer for the following symptoms: She was terribly nervous and had enough in the relations of her married life to make her so. Her heart gave her constant trouble. She would have to sit down two or three times in going upstairs. She would have a feeling of suffocation would have a feeling of suffocation as if she must get into the air. Heart would beat very rapidly and then stop. It would often disturb her so that she could not sleep, but must sit up all night.

This patient was very sensitive to electricity and could only bear the smallest doses. The first treatment

was a current of two mille-amperes, allowed to pass for five minutes, the electrode being applied to the neck and cardiac region in the manner described above.

The night after this first treatment she slept right through, a thing she had not done before in a long time. She was told to come every other day and did so, with occasional exceptions. After eight treatments she was so much better that she discontinued her visits. An attempt was twice made to augment the effect of the treatment by increasing the dose, but both resulted in failure. The patient was made worse each time.

This was an extremely small dose, almost a minimum, and yet it was undoubtedly the proper one for this case.

The reason for this was that the patient was in a very nervous and excitable condition, due to worry of mind and the nerves of the heart, as well as the whole nervous system, were highly sensitive to any external stimulus.

The same fact is often shown in the administration of drugs.

A patient whose nerves are unstrung from any cause will exhibit an astonishing sensitiveness to ordinary doses, so that the greatest care is necessary in their administration.

A second case may be cited to still further illustrate the aplication of this method. It was that of a married lady about 30 years old, in whom the family physician suspected the existence of fatty heart. She had a great deal of pain and distress in the precardial region and a very irregular pulse. It would beat sometimes fast and sometimes slow, and there was also a difference to be noted in the force of the beat at different times.

She was inclined to stoutness, but had an excellent color and did not look in any respect like an invalid. She was not troubled with palpitation except when excited or angry. She would lose her breath on the least exertion, however, and it was very difficult for her to go upstairs.

This patient received the regular

cardiac treatment, the same as the former. The dose was rapidly increased to 10 mille-amperes, given for six minutes. She received treatment three times a week and steadily improved under it, although not as fast as the other patient. The treatment was continued for about two months and a half, with occasional At the end of this intermission. time the pulse was fairly regular, the cardiac pain was so slight as hardly to trouble her at all, and she could go upstairs as well as stout person who was not in the habit of taking much exercise.

This patient differed from the first one in that she was very happy in her family relations and had nothing to worry about. She was also of an extremely phlegmatic temperament and was calm to the point of indifference. It is not strange, therefore, that this patient could bear a far larger dose than the former.

As to the question of diagnosis, it may be claimed that the writer is entirely wrong in classing this case under the head of cardiac neurosis, as it was in all probability one of fatty heart. To this he would reply that if this really was a case of fatty heart, the fact of its being so strikingly helped by electricity shows a power in that agent far beyond what has yet been claimed for it. In view of the difficulty and uncertainty of diagnosing fatty heart it seems fair to mention this case in this connection, since the treatment prescribed for functional troubles acted so well upon it.

These two cases show what electricity can do for the heart, and many others might be cited in which similar good results were obtained.

It must not be supposed, however, that this is the only way in which the nerves of the heart can be reached.

After trying various methods the writer believes that the one described is the best, but a wider experience may demonstrate that some other is better.

The only way that this question can ever be settled is by careful and continued observation of cases and comparison of the results obtained from the application of different methods of treatment.

THE AMERICAN ELECTRO-THER-APEUTIC ASSOCIATION.

The sixth annual meeting of the American Electro-Therapeutic Association will be held on Tuesday and Wednesday, September 29 and 30, and Thursday, October 1, 1896, in Allston Hall, The Studio Building, on Clarendon street near James Avenue, Boston, Mass.

The Brunswick Hotel, corner Boyiston and Clarendon streets, will be the headquarters of the Association during the meeting. Terms, reduced to \$4 per day, for Fellows and their friends. The Copley Square Hotel, corner Exeter street and Huntingdon avenue, terms reduced to \$3 per day, is also located in close proximity. For rooms, etc., apply either to the proprietors or to Dr. W. H. White, No. 222 Marlborough

street, Boston, Mass., who, as the vice chairman of the committee of arrangements, will reserve rooms.

Professor A. E. Dolbear, Tufts College, Mass., is chairman of the committee of arrangements.

Dr. W. H. White, 222 Marlborough street, Boston, Mass., is the vice chairman of the committee of arrangements.

Dr. Frederick H. Morse, Melrose, Mass., is the chairman of the com-

mittee of exhibition.

The next annual meeting promises to be a greater success than any former one. Great interest is shown in all quarters. A large attendance is promised. Many candidates of national reputation are proposed for membership, so that the amendment

to increase the limit of members becomes a necessity. The best talent has already announced papers, a larger number than ever before, at this early date; material almost sufficient to make a programme for the session of unusual interest. will be two discussions of importance in electro-therapeutics, interesting reports of all standing committees, several scientific lectures on the first evening, with demonstrations and stereoscopic views (including Roentgen X Rays and electric principles in the treatment of diseases), given by eminent talent.

The committee of arrangements has surprises in store for the social element in receptions and excur-

sions.

The exhibition promises to be a good feature, and of more than usual interest.

OFFICERS OF THE ASSOCIATION.

President—Dr. Robert Newman, 64 West Thirty-sixth street,

York City, N. Y.

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street, Brooklyn, N. Y.

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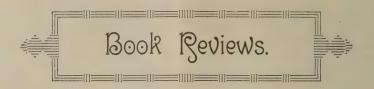
Committee on Electric Light Apparatus for Diagnosis and Therapy— Dr. J. H. Kellog, chairman, Battle Creek, Mich.; Dr. E. C. Riggs, The Endicott Arcade Building, St. Paul, Minn.; Mr. J. J. Carty, 18 Cortlandt street, New York City, N. Y.

Committee of Arrangements— Professor A. E. Dolbear, chairman, Tufts College, Boston, Mass.; Dr. W. H. White, vice chairman, 222 Marlborough street, Boston, Mass.

Committee of Exhibition—Dr. Frederick H. Morse, chairman, Mel-

rose, Mass.





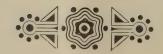
Implantation of a Glass Ball in the Orbit after Enucleation of an Eye. Reprint from "The Medical Bulletin," July, 1896.

L. Webster Fox, M. D., of the Medico-Chirurgical College, Philadelphia, has devised a new operation for aiding the better adjustment of an artificial eye. He calls it "Implantation of a Glass Ball for Support of an Artificial Eye."

The operation is as follows: An incision is made through the conjunctiva and tissues of the orbit in the horizontal direction, a shade less than the diameter of the glass ball to be inserted; for instance, if the glass ball is one centimetre in diameter the cut would be two millimetres less. The upper lip of the conjunctiva is raised, and with a sharp-pointed, curved scissors the conjunctiva

and such connective tissue which lies close to it is dissected off in all directions around the incision, making a pouch into which the glass ball will fit. On account of the vascularity of the parts considerable bleeding follows this dissection, but it is easily controlled by pressure; after the bleeding stops the glass ball is inserted into the cul-de-sac with the injector. The edges of the conjunctiva are brought together by five or six stitches, and the after-dressing is the same as that followed in the evisceration cases.

This operation will remove much of the objectionable features of wearing an artificial eye. It has been proven in Mules' operation that the sinister stare, loss of movement, as well as the accumulation of mucous, are dispensed with. These same objections are overcome by Dr. Fox's method.





TREATMENT OF VENEREAL LESIONS.

The value of iodine as a disinfectant was recognized long before the inauguration of the antiseptic era of the wound treatment. But it was not until this period that efforts were made to synthetically prepare substances, which, when brought in contact with a wound surface would yield up their iodine in small amounts so as to exert a constant germicidal action. Iodoform was the first iodine derivative brought before the profession, and in many respects it has held its own. Of late, however, attention has been quite frequently drawn to the fact that this substance sometimes gives rise to irritant and even toxic effects. Aside from this, its telltale odor is objected to by many patients, and is equally objectionable to many physicians. The desirability of securing an iodine derivative devoid of these unpleasant properties, yet as efficient as iodoform, is therefore fully apparent. Europhen has been found by many competent observers to possess all the advantages of its malodorous rival, while completely free from its disadvantages. In the treatment of venereal diseases europhen has proved to be of especial value. That extremely common affection, chancroid, rapidly yields to its antiseptic and cicatrisant properties. If dusted on the sore after cleansing with a mild carbolized solution, healing progresses with great rapidity, and it will rareto resort to ly be necessary the use of caustics. been claimed that also its use buboes are seldom developed. If they form, however, and undergo suppuration, the application of europhen to the cavity, after evacuation of pus and curettage (when required) will be found to induce

rapid healing. For the treatment of other venereal lesions, as ulcerating chancres, condylomata secondary and tertiary sylphilis, europhen has also shown itself to be a very efficient and agreeable remedy, which is perfectly unirritating and free from poisonous qualities.

TREATMENT OF ALOPECIA AREATA IN CHILDREN.

Feulard employs the following at the Hospital des Enfants Malades: The hair is cut as short as possible with scissors, and the following ointment applied:

Vaseline,
Lardof each 225 grains
Precipitated sulphur45 grains
Salicylic acid15 grains

Next morning the head is shampooed with salicylated soap and then friction is applied with a soft brush soaked in this mixture:

Alcohol, Tincture of Rosmary....of each 3.38 oz. Corrosive sublimate½ grain

Once a week the patches may be painted with a brush soaked in

Essence of wintergreen, Etherequal parts

-Rev. Intern. de Med. et de Chirurg. Pratiques, September, 1894.

ORAL OVOIDS.

Dr. Pollak adds 10 per cent. of carbolic acid to the gelatine amygdalae aurium, suggested by Professor Gruber; he used them chiefly in circumscribed external otitis and found they very rapidly relieved the pain and, in about 70 per cent. of the cases, aborted the morbid process. He also found them useful in the early stages of acute median otitis.

—Journal of Laryn, June, 1896.

FISH POISONING.

Brosch (Wien. klin. Woch., March 26, 1896) reports the first case of poisoning by oysters which has proved fatal (in 22 hours). Symptoms: Vomiting, giddiness, paralysis of certain muscles (paralysis of deglutition, dilatation of one pupil, ptosis, obliteration of naso-labial furrow, paralysis of accommodation, larnyx, bladder, with general weakness). Consciousness was preserved till death, which is due to paralysis of respiratory muscles. Postmortem: Brain and pia mater edematous; small punctiform hemorrhages in cerebellum and lower dorsal and upper lumbar region of cord; numerous petechiae on pericardium and pleura; mesenteric glands, intestinal follicles and Peyer's patches not enlarged; spleen enlarged; fatty degeneration of hepatic cells and parenchymatous degeneration of cardiac muscle and renal cells. No micro-organisms were found in the spleen or spinal cord, and cultures were sterile. On analysis of contents of stomach, small intestine and bladder no mineral or vegetable poison was found, but ptomaine-like bodies were present which had no special characteristics. Thirteen similar cases of fish poisoning have been published. The symptoms are like those of one form of meat poisoning, but the course is much more rapid. The postmortem descriptions of all agree except as to changes in the lymphatic system and the presence of hemorrhages. The latter simply depend on the mode of death, and are present if it is from asphyxia, absent if from collapse. The symptoms are characteristic: (1) Progressive development of isolated muscular paralysis, the only difference in the cases being the number of groups attacked and the intensity of paralysis. Paralysis of deglutition and general weakness almost always appear first, then disturbances of vision, the other paralyses coming on in no constant order. (2) Giddiness is always present, and gives the appearance of drunkenness, but consciousness is preserved till death in all but very rapid cases. (3) Temperature mal or very slightly raised. (4) Pain frequently absent. (5) Death is due

to respiratory paralysis, if it does not occur early from collapse. Excluding some cases of poisoning by mussels, where in the slightest form there is urticaria, and in the most severe form muscular cramps, loss of consciousness, and death, poisoning by meat or fish occurs as two distinct (1) True gastro-enteritis groups: with high fever and colic, and generally ending in recovery (due to intestinal bacterial infection); (2) the form described above. Besides the obvious differences, diarrhea is present in the first, while in the second there is constipation, caused by intestinal paralysis. This division is of great importance with regard to prognosis and treatment. In the gastroenteric form purgatives and intestinal disinfectants must be given; in the severe toxic cases they are useless on account of the paralysis. Hence (1) use stomach pump and irrigate the intestine as high up as possible; (2) artificial feeding by tube; (3) frequent catheterisation; (4) artificial respiration, which must be continued for several hours, until the poison may have been excreted by kidneys. (Compare curare poisoning). This, however, is not always successful, one case having succumbed after nine hours of artificial respiration, and if recovery ensues the paralyses always persist for some time, and may be permanent. Pathology: The above suggests that the paralysis is caused by a grave anatomical lesion, which, however, cannot be produced by the hemorrhages, as these may be absent. Perhaps the edema and cellular exudation from the vessels into the substance of meninges, brain and spinal cord may explain it. The poisoning itself is not due to bacterial infection, but to an intoxication from alkaloid-like substances present in the animal, many of which have been isolated.

ENTERIC FEVER.

A febrile temperature with any marked morning remissions for 14 days, and accompanied by no physical signs of inflammation of any organ or tissue to account for it, is most probably due to enteric fever.

And so long as any doubt exists, insist on your patient remaining in bed and being placed on a rigidly febrile dietary. I am pretty sure many lives are sacrificed in cases of typhoid, which, mild at first, become virulent subsequently, owing to their non-recognition and therefore improper feeding.

-London Medical Times.

SEA BATHING.

The great benefits derived from the inhalation of fresh sea air and from sea bathing cannot be too highly appreciated; but, as in the case of all other remedial agents, their use has its bounds and its qualifications. People accustomed to a non-invigorating inland atmosphere cannot with impunity expose themselves to the often keen air of the seaside. As a rule they require warmer clothing than at home, and when want of strength reduces the power of taking exercise the sense of drinking-in health with the air does not justify sitting for long in exposed positions and without shelter. In respect of bathing we may speak more strongly. Even for robust persons of

good swimming power a prolonged immersion is productive of exhaustion. Doubtless strong people, and perhaps even weakly ones, can stay in the stimulating salt water longer than they can in fresh without feeling the bad effects of the lowering of the temperature of the body; and it must be admitted—nay, urged that every individual body has its own rule. In use, even for healthy people coming from the enervating air of large cities, the first baths should certainly be of short duration. They should include, if possible, a plunge into water sufficient to cover the shoulders, and, if possible, a short swim. The water should be quitted in a few minutes, before depression has followed stimulation. The condition of the bather after the resumption of his clothes will soon afford a test of the exposure which he may undergo with advantage. This will consist, on the one hand, in a sense of warmth, refreshment and readiness for muscular activity; on the other hand, subsequent feeling of nausea, of chilliness, of headache or of palpitation will show that the just measure has been exceeded.

Dr. W. M. Ord: The Climate and Baths of Great Britain.





TREATMENT OF FRACTURES BY MASSAGE.

M. Fevrier presented records of 29 cases of fracture treated according to the precepts of L. Championniere.

Four fractures of clavicle, two with considerable displacement; all well united from 20 to 30 days.

One fracture of the diaphysis of

humerus. Cure.

Three fractures of lower end of humerus, mobilized and extended. Massage early; union in 30 days.

Four fractures of radius (Colles'). After 15 days active movements commenced.

One fracture of middle of ulna.

Cure in 21 days.

Three fractures of the leg, one in upper one-third of shaft, no displacement; immediate massage; cure in 22 days. One in middle third, with considerable blood extravasate; early massage; walked on thirty-second day. One with a V-shaped fragment communicated; opposed days; cured in 30 days.

Three fractures at tibia-tarsal joint. The duration of treatment,

11 days.

Eight fractures of the maleoli, double, with hamethrosis. Duration of treatment, about 22 days.

Two fractures of the metatarsal bones, without displacement. One walked in 13 days and one on 15th day.

Th. Weisse had treated five fractures by this plan, and was not able to felicitate himself on the results.

M. Hevdenreich had lately recogrized that massage occupied an important place in fracture treatment, but it must be utilized with judgment and discrimination. It would be well to employ it with caution when there may be much displacement, but in fractures near the

articula lines it may be of great value, through its effects in hastening the resorption of the callus and stimulating the circulation. By frequently removing the dressing was enabled to bathe the limb and correct deviations.

M. Gross believed that massage is often useful in fracture of the smaller bones, and in those of the

larger, near the joints.
Its action in hastening consolidation of the long bones, after the fracture, was only problematical. Where primary union was complete or was delayed, removal of all splinting and daily massage hastened repair and obviated anchylosis.

M. Vantrin had three severe fractures of the upper third of humerus treated by Championniere's method, with two failures. In his opinion it was a great mistake to make a wide application of this plan of treatment, for it under no circumstances should be accepted as a substitute for other and longer tested plans. We fully agreed, with others, as to the utility of massage after the provisional callus is proved, but before this time, when all the tissues are torn, crushed and influenced, early manipulation is baneful and will rather interfere with than hasten final cure.

—Soc. de Chirurg. de Nancy, 27 Mai, '96, Review de Med.

INJECTIONS OFARTIFICIAL SERUM—SALT WATER.

At a late meeting of the French Academy of Medicine M. Pozzi made a report on M. Delbet's work relative to the treatment of post-operative treatment of septicemia by injections of artificial serum into the veins. He called attention to the fact that this plan of treatment was now generally practiced in all the Parisian hospitals. He preferred to give the injections subcutaneously, seven parts of sea salt to 1000 of water. In the discussion which followed Mr. Recius stated that a case of hydrophobia lately came under his care which had been unsuccessfully treated in the Pasteur Institute for 15 days. M. Delbert injected 1300 grammes—about three pints. Its immediate effect was to produce a calm, but the boy died a few hours later.

M. Championniere had obtained good results with it for shock and anemia, but in septicemia it had

no effect.

Pinard had similar experiences, and Doyers and Logie, who in 1889 declared, after several experiments, that the serum had no effect in septicemia.

M. Pean took exception to this and cited the remarkable results in the hands of M. Berlin, who claimed that the pathological germs were washed out of the blood by the salt solution. M. Championniere declared that Berlin's deductions were not reliable, as he was an enthusiast who recommended it as a panacea for everything. He did not doubt that this therapeutic resource had a place, but was by no means innocent in its effects, and just now was being greatly abused.

MM. Pean and Dumontpallier would be pleased if some definite rule for the use of the serum could be contrived. The latter doubted the utility of the artificial injections, even in hemorrhage, and would rather trust in ether injections; he would certainly not allow a surgeon to inject them into him.

M. Pincard alleged that he had lately injected the serum artificially in 17 cases of females, who in former times must have all perished.

M. Tarnier had seen the method succeed well in hemorrhage. He had never used it in septicemia, which of late years has become rare; however, it was not always mortal by any means, and when one recovered after the serum it was a question of "post hoc ergo propter hoc."

-Soc. Francaise, 30 Juni, '96.

A NEW COMPLICATION IN HYPO-GASTRIC PUNCTURE OF THE BLADDER.

M. Gailhefer, of Toulouse, reports the following interesting case, which illustrates some of the dangers attending vesical puncture by the su-

prapubic route:

On May 26 a patient entered the Hotel Dieu, of Tolouse, in the service of Professor Juennel, with a letter from his family physician, of which the following is a summary: "Retention of urine caused by a voluminous prostatic tumor, filling pelvis; patient 70 years old; catheterism impossible; hypogastric puncture making a palliative procedure."

At the first trial, M. Juennel passed a sound with the greatest ease. It was evident that the prostate was injured and was the seat of infection. On following day patient was in a serious comatose condition, and three days later he died. During the last days of his life he fell four

times out of the bed.

On autopsy it was seen that he had an enormous subperitoneal haematomo, occupying the spaceof Retzius, advancing up as far as the umbilicus and latterly as far as the kidneys. The anterior wall of the bladder was ecchymotic. deeply There was no hemorrhage into the peritoneal cavity. The prostate was about the volume of an egg. There were two deep, penetrating wounds in the latteral walls of the prostatic urethra. The hamatoma had direct connection with these. No blood in the bladder. Right kidney hypertrophied. One section, an encysted tumor, the volume of an egg, was found. Ureters permable and not dilated. The evidence of autopsy pointed to pyelonephritis as the immediate cause of death, and not the extravastated blood. thor goes on to say, that in all these cases one should first assiduously try to catheterize, and, this failing, perform a cystotomy, using cocaine only as an analgesic, draining with a tube or a few strands of catgut. In all cases the peritoneal coat of bladder should be sutured to the integument. This temporizing and using the trocar might do in another age.

The practitioner should cut freely down and draw off the urine according to the rules governing modern surgery.

—Gaz. Heb., 3 Juillet, '96.

Note by Translator.—We cannot forbear right here to subscribe a few words apropos to these notes and would summarize them as follows:

First—In prostatic obstruction catheterize with caution, remembering the distorted curve of the urethra in these cases.

Second—If resistance is persistent there is seldom any possible danger to be feared, though a little delay. The urethra is irritable and the seat of extreme muscular spasm; when its passage it may be coaxed, but not forced. Allay the patient's fears, give a hypodermic of morphine, a free enema of very warm soap suds, to empty the colon; deplete the pelvic vessels and soothe the irritability. In catheterizing use just enough force not to start hemorrhage. A flexible catheter is the best, though sometimes the stylet is necessary to secure the proper curves. If this plan is followed patiently very few cases will resist canalization.

Third—If the moderate catheterism fail and the degree of distention is very great we should operate through the space of Retzieus, shaving and thoroughly cleansing the surface before passing in a thoroughly aseptic needle.

Fourth—Aspirate away about twothirds of the urine only. Usually after a few hours repose the bladder will empty itself or a catheter may be readily passed.

Resection of the prostate by any method is always an operation attended with a large mortality. The safest and most comfortable mode of relief for this class is by systematic catheterization. Palliative treatment must be carried out by a gentle hand without regard to the expenditure of time.

The urethra is an organ which may be successfully treated for stenosis of its lumen, either spasmodior organic, whether acute or chronic, provided only one possesses the requisite skill, has an ample supply

of bogies and sounds, and is ready to expend the time. This applies to strictures as well as to prostatic contraction of the ring muscle in the neck.

Т. Н. М.

LEGAL LIABILITY OF A MEDICAL AND SURGICAL INSTITUTE FOR THE FALSE REPRESENTATIONS OF ITS PRESIDENT AND PHYSICIAN IN CHARGE AS TO THE CURE OF A PATIENT.

The representations made to a patient by the president and physician and surgeon in charge of a medical and surgical institute as to his ability to cure him and on the strength of which representations that at the institute they could and would cure him, he was induced to pay the sum of \$500 for such medical and surgical treatment for injuries from which he was suffering, when L., the president, did know, or should have known, from his experience as a physician and surgeon, that the injuries of H., the patient, were incurable, may be made the basis of an action for deceit.

In this case there was a verdict for the plaintiff for \$500 and interest and the Supreme Court dismissed the appeal of the defendants and affirmed the order of the lower Court denying them a new trial.

The Supreme Court, in spite of the zeal and apparent sincerity with which they were urged by counsel for the defendants, passed over their 37 assignments of error, relating principally to the admission of evidence, as not requiring special reference, and based its opinion upon what was the real question in the case, the sufficiency of the evidence to support the verdict, and this, in turn, depending mainly on an inquiry as to whether the statements and representations alleged to have been made and said to have been relied on, were actionable.

The facts of the case, as they appeared in evidence at the trial, were that H., the plaintiff, an illiterate man, badly injured in an accident

and physically a wreck, consulted with the physician and surgeon in charge of a medical and surgical institute or hospital as to his condition and the probability of a recovery. After an examination by the surgeon he was positvely assured, truth he told the to what was said (and the jury found that he did), that he could be cured, and by treatment at that institute could and would be made sound and well.

In behalf of the defendants it was contended that, at most, these statements were but expressions of opinion as to matters contingent and uncertain in their very nature, not susceptible of certain determination of actual ascertainment, and that therefore no action as for deceit could be maintained upon them. The Supreme Court in enunciating the rule of law aplicable in such case said, "To sustain such an action, it must be shown that a false representation of a material fact has been made, in ignorance relied upon, and that damage has ensued. The representation must be fraudulently made, an intention to deceive being a necessary element or ingredient. But positive proof that a party knew his representation to be untrue is not essential. The intention may be proved by showing that, having no knowledge of the truth or falsity of his statements, he did not believe them to be true, of his own knowl-When the knowingly false assertion is as to the belief of a party or is as to his knowledge of the fact he assumes to announce, intent to deceive is the inevitable inference. If this defendant, L., made statements and representations to the

plaintiff that his injuries were curable and that with treatment could become a well and sound man, having no knowledge of the truth or falsity of his statements, and not believing them to be true, or if he made such statements, having knowledge of their truth of falsity, yet representing that they were true, the intent to deceive is as well established as if positive knowledge of their untruthfulness had been prov-Generally speaking, the representations must be as to a material fact, susceptible of knowledge; and if they appear to be mere matters of opinion or conjecture, they are not actionable. There are many cases, however, in which even a false assertion of an opinion will amount to a fraud, the reason being that under the circumstances the other party has a right to rely upon what is stated or represented. Thus, the liability may arise where one has or assumes to have knowledge upon a subject of which the other is ignorant, and knowingly makes false statements, on which the other relies. Where parties possess special learning or knowledge on the subject with respect to which their opinions are given, such opinions are capable of approximating to the truth. And for a false statement of them, when deception is designed and injury has followed from a reliance on the opinions, an action will lie.

-From Int. Med. Magazine, April, '96.

We take much pleasure in indorsing the judgment in above case, for it is about time that some such sort of judicial admonition were administered to those who pilfer fees under above circumstances.—Editor.





OVARIAN CYSTS AND SOFT UTERINE FIBROIDS.

Rendu (Lyon Medical, June 14, 1896) shows that a soft myoma often seems to fluctuate when it does not contain one single cystic cavity, and that whilst its sympotms and its feeling on palpation may lead to a right diagnosis, its appearance when the abdomen is opened may cause the operator to think for a time that it is ovarian. The use of the trocar settles the point that it is solid and not cystic, and on extraction its relations prove that it is uterine and not ovarian. Rendu's case was not clear from the first. The patient was single and 40 years old. Four years before operation she suffered from acute peritonitis. Metrorrhagia had existed for five years. This symptom, however, may be due to other diseases besides fibroid, which itself may exist coincidentally with the development of an ovarian cyst. In Rendu's case the tumor filled the abdomen and seemed to fluctuate; there was a prominent secondary lobe on the left side, which may be observed in ovarian as well as in uterine tumors. On vaginal exploration the cervix appeared continuous with the tumor, and fibroid was diagnosed. At the operation fluctuation seemed distinct when the surface of the tumor was exposed. The trocar brought nothing away. The tumor proved to be a very vascular fibromyoma of the uterus, weighing 22 pounds. Twenty-two hours after operation, when all the blood had drained away, the sensation of fluctuation no longer existed.

ANTIPYRIN IN LABOR.

Savitzky (Vratch, No. 22, 1896), as the result of 17 years' experience, recommends antipyrin enemata as an obstetrical anesthetic. He administers 1 gramme every two to six hours, occasionally combining the drug with opium (from 15 to 25 drops of Russian tinctura opii simplex, which contains 1 part of opium to every 10 parts). The pains are always relieved in 15 or 20 minutes after the first dose. Frequently the patient soon falls asleep, which is especially beneficial in cases of spasmodic uterine pains and tetanic contraction of the os: hemorrhage also diminishes. No untoward accessory effects were ever observed by the author.

MENORRHAGIA IN VIRGINS.

28, Laroyenne (Lyon Med., June 1896) distinguishes the majority cases of profuse menstruation young girls, which require no local treatment, from a minority in which the use of the curette is advisable. If after long attention to hygiene and a course of suitable tonics menorrhagia persists, interrupted by occasional amenorrhea, granular or fungous endometritis probably exists. This disease is yet more safely diagnosed when the patient has been perfectly healthy and quite free from anemia before profuse menorrhagia appeared, and equally free from evidence of diseased appendages after the local symptoms become marked. When the excessive menstruation causes debility it is right to dilate and use the curette. A single application (immediately after the scraping) of cotton-wool soaked in equal parts of water and chloride of zinc is sufficient. Repeated cauterizations may easily cause atresia.

SUFFICIENCY OF MILK AFTER BIRTH.

Buchmann (Centralbl. f. Gynak, No. 25, 1896) observed 126 lying-in women in the obstetrical wards of

the Halle clinic from February May, 1895 inclusive. He wished to ascertain the proportion of cases where the mother was able to suckle her child. Out of the 126 cases, 83 (or 65.9 per cent.) had sufficient milk when discharged between the tenth

and twelfth day. The percentages recently reported from Bale and Stuttgart were much lower. More statistics of this kind are called for, as they throw much light on the health and strength of women in different regions.

AMERICAN ASSOCIATION OBSTETRICIANS AND GYNE-COLOGISTS.

Preliminary press notice of the ninth annual meting, at Richmond,

The ninth annual meeting of the American Association of Obstetricians and Gynecologists will be held at the Hotel Jefferson, Richmond, Va., Tuesday, Wednesday and Thursday, September 22, 23 and 24, 1896.

The proprietors of the Jefferson offer special rates to the Fellows of the association, their families and guests, as well as to any physicians who come to attend the meeting. It is confidently expected that the railwavs will offer transportation at a uniform rate of fare and a third on the certificate plan to all in attendance. Let all obtain certificates from their local ticket agents or from the nearest point where certificates are granted.

PAPERS PROMISED.

Note.—No attempt is made to arrange papers in the order in which they are to be read. That will be done in the permanent programme.

No. 1. Principles and Progress in President's address. Gynecology.

Joseph Price, Philadelphia.

2. Vaginal Hysterectomy by the Clamp Method. Sherwood Dunn, Los Angeles.

3. Further Experience with Appendicitis. A. Vander Veer, Albany.

4. Relation of Malignant Disease of the Adnexa to Primary Invasion of the Uterus. A. P. Clarke, Cambridge.

5. Treatment of Puerperal Septicemia. H. W. Longyear, Detroit.

6. Treatment of Posterior Presentation of the Vertex. E. P. Bernardy, Philadelphia.

7. Relation of Local Visceral Disorders to the Delusions and Hallucina. tions of the Insane. W. P. Manton, Detroit.

S. Differential Diagnosis of Hemorrhage, Shock and Sepsis. Eugene Boise, Grand Rapids.

9. Movable Kidney; Local and emote Results. A. H. Cordier, Remote

Kansas City.

10. Pathology and Indications for Active Surgical Treatment in Contusions of the Abdomen. W. G. Mac-

11. Some Causes of Insanity in Women. George H. Rohe, Sykesville.

12. Subject to be announced.

John Milton Duff, Pittsburg.

13. Shall Hysterectomy be formed in Inflammatory Diseases of the Appendages? L. H. Dunning, Indianapolis.

14. Subject to be announced.

Rufus B. Hall, Cincinnati.

15. Subject to be announced. George Ben Johnston, Richmond.

16. Dynamis Heus, with Report of Cases. J. W. Long, Richmond.

17. Faradic Treatment of Uterine Inertia and Subinvolution. Charles Stover, Amsterdam.

18. A Plea for Absorbable Ligatures. H. E. Hayd, Buffalo.

19. Treatment of the Stump. J.

F. Baldwin, Columbus.

20. Limitations in the Teaching of Obstetrics and Gynecology, as Determined by State Medical Examining Boards. William Warren Potter, Buffalo.

21. Subject to be announced. Walter B. Chase, Brooklyn.

22. (A.) The Philosophy of Drainage; (B) Treatment of the Pedicle in Hysterectomy or Hystero-Myomectomy in the Abdominal Method. George F. Hulbert, St. Louis.

23. Removal of the Uterine Appendages for Epilepsy and Insanity; a Plea for its More General Adoption. D. Tod Gillam, Columbus.

24. Albuminuria of Pregnancy. A. Fr. Eklund, Stockholm.

25. Subject to be anonunced.

Lawson Tait, Birmingham.

26. Unnecessary and Unnatural Fixation of the Uterus and its Results. James F. W. Ross, Toronto.

27. Sarcoma of the Urethra. Charles A. L. Reed, Cincinnati.

28. Appendicitis as a Complication in Suppurative Inflammation of the Uterine Appendages. L. S. Mc-Murtry, Louisville.

29. Gunshot Wounds of the Abdomen with the New Gun. J. D. Grif-

fith, Kansas City.

30. Subject to be announced. Wal-

ter B. Dorsett, St. Louis.

31. Subject to be Anonunced. W.

E. B. Davis, Birmingham.

32. Subject to be Announced. E. Arnold Praeger, Los Angeles.

33. Tubo-Ovarian Cysts, with Interesting Cases. A. Goldspohn, Chicago.

34. Obstruction of the Bowels Following Abdominal Section. George S. Peck, Youngstown.

35. Memorial of Dr. Hiram Cor-

son. Traill Green, Easton.

Correspondence is pending concerning additional papers. All titles must be offered before August 25, when the permanent programme

goes to press. The executive council directs attention to the following by-law:

PAPERS.

VI. The titles of all papers to be read at any annual meeting shall be furnished to the secretary not later than one month before the first day of the meeting.

No paper shall be read before the association that has already been published or that has been read be-

fore any other body.

Not more than 30 minutes shall be occupied in reading any paper be-

for the association.

Abstracts of all papers read should be furnished to the secretary at the

meeting.

All papers read before the association shall become its sole property if accepted for publication, and the Executive Council may decline to publish any paper not handed to the secretary complete before the final adjournment of the annual meeting.

Dr. George Ben Johnston, 407 East Grace street, Richmond, Va., is chairman of the committee of arrangements, who should be addressed in regard to hotel accommodations and

railway fares.

JOSEPH PRICE, President. Wm. Warren Potter, Sec'y.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The date of the meeting of the Mississippi Valley Medical Association has been changed to September 15, 16, 17, 18, in order to permit the members and their families to take the opportunity accorded by this change to make a pleasant tour through the Yellowstone Park, so justly celebrated as the wonderland of America.

Prominent resident members of our association in Paul and Minneapolis are formulating plans for the Yellowstone Park excursion trip, to leave on the evening September 18, arriving in Mammoth Hot Springs, in the Yellowstone Park, about noon on the following Sunday and devoting the following five days to the wonders of this remarkable region, returning to St.

Paul Sunday, September 27.

The cost of the trip, including all expenses west of St. Paul, will be announced in due season, but we are authorized to say that the figure will be a very favorable one, and we simply wish at this time to make the preliminary announcement of this most enjoyable feature of the St. Paul meeting, so as to give members the opportunity of making their plans in advance to join the party. It is desirable that there be a party of 100 or more in order to obtain the benefit of the special train service in both directions.

It is urged that all members who desire to join the party should send their names to Dr. C. A. Wheaton, chairman of the committee of arrangements, St. Paul, at as early a

date as possible.



YE VILLAGE DOCTOR. BY H. C. STEELMAN.

In the very gravest of sombre attire, With a carriage and mein that awe inspire,

He takes his place with the pastor and 'squire,

Does ye Village Doctor.

In all things affecting man's estate, Physical, moral or matters of State, The opinions are given the greatest weight,

Of ye Village Doctor.

No mistakes of diganosis made Are at his sacred portals laid; No need of criticism to be afraid, Has ye Village Doctor.

No lengthy prescriptions in Latin expressed,

Leave patients with a sense of his learning oppressed;

But all remedies come from the medical chest

Of ye Village Doctor.

He is sent for, has the baby the croup,

The cow the colic or the chickens the roup—

And records each addition to the family group,

Does ye Village Doctor.

Though saddle-bags are things of the past.

His old gray nag and chaise still last; And a very ovation is given as they pass

To ye Village Doctor.

The country o'er, garden and field,
To him substantial homage yield,
Though it is not said that their ills
were healed.
By ye Village Doctor.

No social event is considered complete

Unless with his presence he graces the fete;

And strangers are given a chance to meet

Ye Village Doctor.

What if his services be ill-paid, And in turnips, at times, the payment made?

The laurel crown will never fade Of ye Village Doctor.

A TRIP TO THE SEASHORE.

One of the pleasantest trips to take during this warm summer weather and the most delightful way to take it is by the South Jersey Railroad to Cape May.

The appointments on this road are all that can be desired; the trains run smoothly and on account of the use of hard coal the discomfort and annoyance of cinders is avoided.

Cape May has the finest beach

along the coast for bathing and is perfectly safe even for children.

Leaving Philadelphia in the morning before the heat becomes too great and after a pleasant ride one arrives at Cape May in time to take a delightful bath in the sea before dinner, after which, if the day only is to be spent in this cool resort, there is plenty of time for a walk on the beach or a sail on the ocean and return to Philadelphia after the intense heat of the day is over.



THE NECESSITY OF REST IN BED IN INFLUENZA.

In Dr. J. F. Goodhart's article on "Influenza," in the first volume of Dr. Thomas Clifford Allbutt's new System of Medicine, we find the

following:

"There is no specific yet at hand for this disease. This is quite certain from the number of drugs that have been regarded as almost infallible by one observer and another. All are agreed, however, that mildness of attack and speedy recovery are best insured by taking at once to bed, and that it is the worst folly to struggle on with work and to attempt to fight the disease—a plan that, although some came through successfully, was, nevertheless, the cause of the loss of many lives."

-N. Y. Med. Jour.

MUSK AS A STIMULANT.

We have a remedy which, as a stimulant, is an exceedingly valuable, if neglected one. I refer to musk. I formerly regarded musk as a disgusting remnant of a barbaric pharmacopeia, but I was induced to try it in a case of enteric fever, where profound exhaustion, with subsultus, were present, and when alcoholic stimulant was refused. The result was a happy recovery, and I have had reason to think highly of the preparation in some three or four subsequent cases.

-London Med. Times.

THE CAUSATION OF GENERAL PARALYSIS.

Hirschl examined the records of 200 male cases, treated at Krafft-

Ebing's clinic, 175 of which furnished satisfactory information. Of these 56 per cent. surely, and 25 per cent. probably, had had sympilis; in 19 per cent. the evidences of preceding syphilis were not conclusive. In these latter there was an absence of any recognizable etiological factors, and the author adds that, in his experience, but 54 per cent. of the cases of late syphilis give a definite syphilitic history, which leads him to believe that general paralysis is always of specific origin.

-Neurolog Centibt.

GUAJECETIN.

Strauss (Centralbl. f. inn. Med., June 20, 1896) recommends guajecetin as a valuable agent for carrying out the creasote treatment of pulmonary tuberculosis. He has thus treated some 70 cases of phthisis in the various stages. The drug was given in doses of 0.5 g. several times in the day. Sixty-one patients took it without the least inconvenience to the digestive organs. It was well borne by six patients who had been obliged to give up the creasote treatment. Two patients complained of diminished appetite, and four others lost their appetite and had nausea and vomiting after its use, but these symptoms were in the latter cases present before the treatment was begun. Two other patients complained of pain and diarrhea, which disappeared with the discontinuance of the remedy. The same symptoms occurred after the use of creasote. Another patient complained of headache, vertigo and marked weakness on the fourth day of the treatment, these symptoms disappearing when the guajecetin was omitted. men was never noted. Guajecetin has

thus certain advantages as compared with creasote. As regards its action upon the tuberculous lesions, it was impossible to distinguish the effect of the drug from that of the other therapeutic measures adopted.

NOSOPHEN IN OPHTHALMIC PRACTICE.

Hoor (Klinische Monatsbl. f. Augenheilk., May, 1896) reports favorably on this substance as a substitute for iodoform. It is a compound of iodine and phenol, containing 61.7 per cent. of iodine, a brown odorless powder, insoluble in water and acids. soluble with difficulty in alcohol, more soluble in ether and chloroform. easily soluble in alkalies. It is very slightly, if at all, poisonous. When dusted on to the eye it causes no irritation, and has been employed by Hoor in the most diverse cases with favorable or not unfavorable results; as, for instance, ulcers of cornea, prolapse of iris, burns and other wounds of conjunctiva and cornea, wounds, etc. Even when introduced into the anterior chamber (in rabbits) it causes no irritation.

EUCAINE.

Berger (Revue de Therap., 15, 1896) has employed this drug clinically and thinks it a useful substitute for cocaine. It is but little soluble in water, but the hydrochlorate can be dissolved in water to the extent of 6 per cent. It is not so toxic as cocaine, while its anesthetic effect is fully equal to that of the latter; but whereas cocaine produces local anemia, eucaine produces local hyperemia; applied to the cornea it does not tend to produce desquamation of the superficial epithelium, which cocaine does, and it has the further advantage of not affecting the pupil or accommodation. A 1 per cent. solution applied to the eye causes no pain; a 2 per cent. solution causes some pricking. Anesthesia occurs in a few minutes: the hyperemia of the conjunctiva lasts for half an hour after the anesthesia passes off. The solutions of eucaine are very stable (Vinci), and so can be easily sterilized.

HEART PAIN.

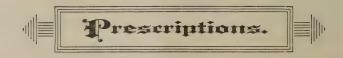
Taking consecutively a hundred cases of coarse and decided forms of disease of the heart which have been under his own immediate care, A. Ernest Samson, M. D., has found that in just half the number there was no complaint whatever of pain in any part of the chest. Seventeen referred the pain generally to the front of the chest; 15 to the back (especially between the shoulders); 12 suffered pain at the epigastrium; 11 suffered pain on the left side of the chest, while two referred their suffering to the right side. Those who localized the pain to the exact area of the heart were but eight, and of these two complained of it only after exertion. One described it as a sense of extreme soreness at the apex, while in another it partook of the character of neuralgia about the left breast. Only 8 per cent. complained of pain directly referred to the situation of the organ diseased.

-Med Rec.

THE BLADDER IN PELVIC TROUBLE.

Bladder symptoms complicate a supposed pelvic trouble in women so often that it will be found well worth while to apply local treatment in this direction. Dr. Baldy has found by long experience that such symptoms as painful micturition, frequent micturition, irritability of the bladder, bearing-down pains and bladder distress are relieved in the case of a considerable number of patients by simple dilatation of the urethra. It is, of course, presumed that these symptoms are not being produced by a positive inflammatory condition of this organ (cystitis). Even in the case of true cystitis urethral dilatation, accompanied by alkaline diuretics and bladder irrigation is invaluable.

-Phil. Poly.



LUMBAGO. R—Atropine	R—Sp. chloroformi
MOUTH WASHES. The following are good formulas: R—Thymol 5 gr. Ac. Benzoic 4 dr. Tinct. Eucalypt 3 dr. Aquæ 1 pint	R—Tinct lobeliæ
R—Hydrarg. bichlor	R—Phosphorus 0.15 gr. Cod liver oil 1,500 gr. Saccharin 75 gr. Essence of lemon 2 drops M.—A small teaspoonful may be taken daily.—Revue des maladies de l'en- fance.
R—Acid carbolic. pur. .20 gr. Acid boric. .2 dr. Thymol. .1 gr. Ess. menth. pip. .10 drops Tinct. anisi. .1 dr. Aq. ad. .6 oz. S.—A few drops in water.—London Practitioner. R—Acidi acetici. .2 dr. Glycerini .1 oz.	A MIXTURE FOR THE VOMITING OF PERITYPHLITIS. R—Menthol
Aq. ad	OF ITCHING OF THE SCROTUM. (1.) R—Picric acid
R—Acetic ether, 5 parts. Eucalyptol, 10 parts. Eau de Cologne, 10 parts. Tincture of pyrethrum, 50 parts. M.—Dilute with four or five times its bulk in water and apply as a lotion. —The Practitioner.	(2.) R—Picric acid

GASTRALGIA.

gastralgia:

The following is often useful in

Said to be very useful in lumbago and other rheumatic affections, applied with gentle friction; it is readily absorbed.

-London Practitioner.



TO CURE HEADACHES.

A hot bath, a stroll in the fresh air, shampooing the head in weak soda water, or a timely nap in a cool, quiet room will sometimes stop a nervous headache. When overfatigued from shooping or sightseeing a sponge dipped in very hot water and pressed repeatedly over the back of the neck between the ears will be found exceedingly refreshing, especially if the face and temples are afterward subjected to the same treatment.

Neuralgia is caused not only by cold air, but by acidity of the stomach, starved nerves, imperfect teeth, or by indolence combined with a too generous diet. Heat is the best and quickest cure for this distressing pain. A hot flat-iron passed rapidly and deftly over several folds of flannel laid on the affected spot will often give relief in less than ten minutes, without the aid of medicine. Hot fomentations are of equal value; though when the skin is very tender it is more advisable to use dry heat, nothing being better for the purpose than bags of heated salt, flour or sand, which retain warmth for a long time.

Cold water, applied by the finger tips to the nerves in front of the ear, has been known to dispel neuralgic pain like magic. When caused by acidity a dose of charcoal or soda will usually act as a corrective. Sicks headache is accompanied by bilious symptoms, and attacks usually come on when the person is overtired or below par physically. This is a disease of the first half of life, and often

stops of its own accord after middle age. A careful diet is imperative in every case, sweetmeats and pastry

being especially pernicious.

Eating heartily when very tired, late dinners, eating irregularly, insufficient mastication or too much animal food, especially in the spring or during the hot weather, are frequent causes of indigestion, causing headaches by reflex action.

DAINTY NOVELTIES FOR THE BABY.

It has been said by one writer that "next to a bride's trousseau there is nothing so interesting to womankind as an infant's outfit."

There is nothing in all the world so pure and beautiful as a sweet baby in all its innocence and helplessness. It is by no means the most expensive and elaborate outfits that are the most artistic. Simplicity should reign here, as everywhere else.

Choose the sheerest and finest of material and have it daintily made by hand. Let the trimming consist of hemstitching, with narrow, fine lace for the neck, sleeves and trimming of voke.

There is nothing prettier than dimities and nainsook for the little dresses.

There should be an abundance of little slips or nightgowns. A simple outfit for the little stranger consists of six dresses, six nightslips, three flannel day skirts, three flannel night skirts, three knitted shirts, three pairs of wool stockings for day wear, three pairs for night wear, four knitted or flannel bands, a flannel or ten-

nis flannel morning gown or wrapper and two little sacks.

The expense of such an outfit is slight if the garments are fashioned at home.

A cunning bassinnette, which is very inexpensive, has for its foundation a long clothes basket, covered neatly on the outside with a pretty shade of pink satine and padded inside with an old piece of quilt, and over that the pink satine. The outside has a full flounce of white dotted mull, with a little heading of the same. The inside is neatly covered with the mull and a puff finishes the edge. A wire or wicker canopy can be had for the top, and when draped with the mull over satine and finished with a large bow of pink ribbon the effect is most pleasing. A little mattress filled with curled hair is less heating than down.

Tiny sheets, hemstitched, a little pillow, with a case of sheerest linen, embroidered with an appropriate couplet, or simply the word "Baby," with an under case of satine, a white blanket with pink stripes at either end and bound with pink ribbons, and a dainty spread of white wash silk, or sheer linen, with tiny pink rosebuds embroidered on it in Asiatic filo silk, complete the furnishings of this tasteful bed. The standard is of ordinary pine, enameled white, and the basket is held in place by means of brass chains fastened to hooks.

-Home Queen.

ADVICE TO HOUSEKEEPERS.

A small hammock to be swung just over a baby's bathtub is the idea of a mother whose infant was afraid of the water. In this way it can be sponged thoroughly while lying down.

One of the best ways in which to remove old wall paper is to dip a large and clean whitewash brush in warm water and to apply it evenly to the wall before scraping with a kitchen knife. Holes in the plaster should be filled with plaster of Paris mixed with mortar.

Now is the time to prepare your potpourri for the coming winter. It it not necessary to confine yourself to rose petals alone. Leaves of the rose geranium, mignonette, violet and lemon verbena may be added to the rose petals with the layers of fine salt and a few fragrant spices.

A violet perfume may be made by putting half an ounce of arrowroot, broken into small pieces, in a bottle with two ounces of alcohol. Cork tight and shake well. After it has been standing four or five days a few drops placed on a handkerchief will leave the odor of fresh violets.

There are several ways of loosening the glass stoppers of decanters and bottles. One is to stand the bottle in hot water, another is to drop a littl oil with a feather between the stopper and the decanter and to stand it near the fire. After a time strike the stopper gently with a piece of wood on all sides, and if it does not move repeat the process. A strip of flannel or wool wound around the reck of the bottle and smartly pulled backward and forward to produce friction will sometimes loosen stoppers.

A baked custard is one of the easiest things to make and also one of the easiest to spoil in baking. Place the dish containing the custard in a pan of hot water and bake in a moderate hot oven. Try it with a knife blade, and as soon as the blade comes out clean remove from the oven at once.

The sugary crust on the top of a baker's sponge cake is caused by dredging the cake thickly with powdered sugar. The reason why sponge cake is tough is often because it was baked too rapidly. Use the juice of half a lemon in it and allow a quarter of an hour for the baking.

Handkerchiefs with a very narrow hemstitched border are most desirable. There is a wave of sentiment for handkerchiefs in pale colors to wear with certain gowns, but nothing is more refined for usual wear than the white linen handkerchief, as fine as you please. The embroidered letter or monogram is small.—Boston Budget.

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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

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CHEMICAL DEMORPHINIZATION.

Translated from the Progres Medical of August 1, 1893, by F. E. Chandler, M. D., Boston, Mass.

It is only a short time since all difference of opinion as to the best method of demorphinization referred merely to the length of time of weaning. Some authors advised the slow method; others were enthusiastic over the rapid method, and it is the latter which in skillful hands gives the best results.

Dr. Paul Sollier read recently to the Academie de Medecine a most interesting paper in which he gives his results in 57 cases, all treated by this rapid method (Erlenmeyer's method).

I myself have not used this method for more than four years, but have employed another that gives even better results. I published it in 1894, in Penfold and Stintzing's Manual of Therapeutics.

On the occasion of a visit made by Dr. Sollier to my sanatarium at Bensdorf (Rhein), I learned that this new method of demorphinization was unknown to my French colleagues, and I hasten to describe it.

It is, to give a very short description, a chemical method that has no connection either with the length of time required for treatment or with the more or less rapid diminution of the usual dose of morphine.

Chemical observation of certain symptoms following suppression of the drug must have shown their resemblance to the symptoms of hyper-acid dyspepsia. We find in both not only the direct gastric symptoms, such as intestinal pain and pressure, nausea, vomiting, diarrheas and numerous motions; but we find also the indirect symptoms—sensation of warmth in the back, uneasiness of the limbs and trunk, painful sensations of the

legs. We were then led to investigate if there did not exist in the stomach at the time of the suppression of the morphine the same change that is found in hyper-acid dyspepsia—that is to say, an excess of hydrochloric acid.

This state of the stomach proven it was necessary to look for the cause, and this was not difficult to

find.

Marme, Stolnikow, Rosenthal have shown that a portion of all morphine injected hypodermically finds its way into the stomach, and Alt, who has repeated these experiments, has been able to prove that the amount that goes to the stomach is equal to about one-half of the dose injected. Alt discovered also that this elimination of the drug into the stomach commences but a few moments after the sub-cu-

taneous injection.

Meditation upon this chemical action leads to the following: In a person accustomed to hypodermic injections of morphine the drug penetrates into the stomach, and upon passing through its walls it produces a morphinization of the secretory glands. It must be noted that this narcotized state of the glands becomes almost permanent, for morphinomaniacs take usually from ten to twenty, or even more injections daily, and that sometimes for years. Consequently the narcotized glands cease their functions—that is to say, produce no more hydrochloric acid and anacid condition of the stomach results. The absence of the acid is not without effect upon the gastric nerves that are normally accustomed to its presence. In addition to this, these nerves are exposed to local narcotization, and it is easy to see that they cease their function under the influence of these two agents.

What then will happen when the administration of morphine is suppressed and the patient receives none or only a small quantity of the

drug?

Naturally the contrary of the conditions just mentioned. The narcotized state of the secretory

glands diminishes with the diminution of the morphine; the glands awaken from their morphine sleep, recover their functions and, completely freed from morphine, duce a veritable flood of chlorhydric acid, which acting upon the nerves causes an extraordinary gastric irritation, the result of which are local (gastric) and general disorders vomiting, pain in the stomach, colic, heat and pain in the back, restlessness of the limbs and trunk, insomnia, quickened pulse. It is needless to say that the nervous symptoms—aside from the gastric symptoms—are of reflex origin, produced primitively by irritation of the gastric nerves, then by the propagation of this irritation to the other parts of the nervous system. If we admit these premises a rational treatment is not difficult to find. Hitzig was the first to make a trial. He emptied a patient's stomach for several days in succession, at the period of suppression of the morphine, thus ridding it of the hydrochloric acid, and then introduced into the stomach some alkaline water (he used Carlsbad water) to neutralize whatever acid might remain. The extremely interesting result of this was that the patient was exempt, if wholly, yet at least in part, from what we call in Germany "symptoms of abstinence." The patient had neither local gastric symptoms nor other general or reflex symptoms, and especially worthy of note he had neither flashes of heat, pain in the back, nor restlessness or pain in the legs.

This patient, who had been through several cures, was capable of comparing the various methods. His idea was that the last (that is to say, the chemical method) was by far the best, being the easiest to support and causing no severe symptoms.

It is certain that emptying the stomach by means of the stomach tube is by no means an agreeable operation, and many patients, especially if nervous, cannot endure it. For this reason giving up this method of treatment altogether I endeavored to neutralize the hydro-

chloric acid locally. I used Fachingen water that contains a large quantity of bicarbonate of soda (3.5 grammes to the liter), and administered at least one liter daily.

The effect of this medication was most unexpected—none of the direct gastric symptoms appeared, neither vomiting nor colic, and in place of the diarrheas that in all preceding cases had caused so much trouble there was constipation. As to the reflex nervous symptoms they were either absent or so slight that the patients did not suffer from them.

I have treated in this way more than thirty patients in the last three years, and I can say that these cures were incomparably easier than those I had attempted in preceding years; nevertheless the desire for morphine, the psychopathic symptom known as morphinomania, persists in this method. It was therefore interesting to note how the patients, who had been taking morphine from ten to twenty years and were not suffering physically during their treatment, showed such a morbid desire for the

drug that they did their best to obtain it.

Should anyone wish to follow out an absolutely systematic treatment, using the chemical considerations I have suggested, I should then propose that hydrochloric acid be administered during the period of morphinization. In this way the anacidity of the stomach will be avoided, and the gastric nerves will keep up their touch (habitude) with the acid.

This is, I think, the first time that a method of demorphinization based upon chemical principles has been extolled in France, and I have no doubt that it will be the treatment of the future. Each discussion about more or less rapid demorphinization is only a subterfuge to hide our ignorance of the course of morphine in our organism. In reality we know neither the products of its chemical transformation nor the physiological effects of these products upon the organism, and the task of the future is to make them known. If we succeed shall have the true method of demorphinization; to contribute to it is the aim of this little work.



VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

MECHANICO-VITAL-ARTERIAL STASIS.

The movement of the blood through the arteries is of great and velocity. Within continuous smaller arteries, under the microscope, we notice the flash-like motion of the corpuscles in the plasma, so that nothing but a pink streak can be seen, in the centre of which the rapidly moving, rythmical currents may be dimly outlined.

The arterial wall undergoes alternate expansion and contraction with each cardiac impulse; but the relative motion of the blood does not appear to be sensibly augmented by these changes in the arterial calibre.

By moderate digital or ligature compression acting as a brake on the vessel in experimental research we may graduate the pressure in such a manner as to slacken the sanguinous wave, and in this way observe and study at leisure the movements of the corpuscular elements of the blood as they pass from the arteries into the capillaries.

Blood cannot flow through a dead artery, and it moves with difficulty through one seriously damaged by pathological or traumatic causes.

But the structural elements of one of those vessels present marvelous resisting powers second only to those of the nerves, and hence in phagadenic gangrene involving local part, while the ravages of the disease carry away the connective tissue, integument and muscle, the artery stands out as an impassable barrier, and yields only when its sheath and the vasa-vasorum are encroached on.

We observe the same remarkable immunity in trauma—e. g., a limb may be terribly mangled, stripped of

its integument, the bone-shafts shattered into fragments, muscles rent, tendons torn from their attachments, joints widely opened or disorganized. and yet warmth and sensation in distant parts assure us that the vitality of the limb is preserved. The arteries have come through the

terrible ordeal triumphant.

This is the class of mangled limbs in the near past which were promptly condemned for amputation; but let no practitioner or surgeon at the present time in civil life undertake the sacrifice of such a limb without a consultation first with one of experience in the treatment of serious traumatisms, or until all the latest resources of conservative surgery are exhausted. To act otherwise is to commit a crime, for to wantonly sacrifice a limb or an appendage of one in possibly the provider of a family or one who maintains himself by manual labor is a terrible blunder, the enormity of which scarcely anything can condone.

Then let no one rush off for amputating instruments or condemn the limb as hopelessly destroyed until proper means for its resuscitation have been perseveringly tested.

When the arterial channels have survived the wreck we have something to build on or to build with, for from the fresh living blood nearly any structure may be regenerated, provided only the matrix tissue have not entirely perished. Thus by grafting enormous plagues of destroyed integument may be regenerated, and by skillful osteoplastic operations, even though a whole bone-shaft is swept away, we may often restore it at least functionally whole. Indeed, as contrasted with former times, it seems little less than

miraculous what intelligent and skillful surgery can accomplish in any description of lesion of a limb with the arteries intact, either the major trunks or finer collaterals.

THE EFFECTS OF VIOLENT FORCE ON AN ARTERY.

In operative surgery we depend on mechanico-vital forces to stem the arterial tide. In serious accidents the main arterial trunks are damaged by various applications of violence.

First. Contusion.

Second. Tension or torsion. Third. Laceration or incision.

The above comprise the three principal divisions of injury sustain-

ed by an artery.

A case came under my care not long since in which, in connection with a simple fracture of the femur, resulting from the passage of a cartwheel over it, the femoral artery sustained mortal injury, gangrene beginning within twenty-four hours in the foot and leg.

Sometimes in a similar class of injuries in young subjects the main artery of the limb may have become thrombosed and occluded, yet the collaterals undergo prompt dilatation in the establishment of an accessory circulation. This, no doubt, often occurs in injuries above the knee-joint; but at this articulation there are numerous large recurrent anastomotic vessels which readily supply an auxiliary route.

If we carefully investigate many of those cases of senile gangrene that come under our notice we will find that in a considerable proportion the patient at some date earlier in life sustained a severe wrench or contusion of the knee-joint or parts

immediately above.

At this articulation the poplitealartery is very firmly held in position by the thick fascia which blends with Winslow's ligament and the sheath of the popliteus muscle.

In violent wrenches or torsion of the knee the popliteal artery cannot escape implication. In complete luxations of the knee-joint the limb is almost invariably doomed, not by irretrievable damage to the soft parts, but to the destruction of the

main artery.

This was indubitably demonstrated in my own practice in the case of a young man who was caught in a belt and dragged over a shaft.

By some unaccountable means only his knees suffered serious injury. They were both dislocated. When brought into the hospital both of his lower extremities were cold and numb below the knee-joints. Reduction was early, but as the ligaments had been extensively torn, retention was difficult.

On the following day evidence of gangrene were apparent in both feet. The unfortunate man would not consent to amputation until four days later, when one limb was removed from the body near the hip-joint. He sank the same night. On examination of the amputated limb and the one intact both popliteal arwere found completely plugged with partly organized bloodclot. The internal and middle coats of the vessels were extensively lacerated; in the amputated member the artery was torn across by a circular involving all except external fibro-cellular tunic.

TENSION AND TORSION TRAUMA OF THE VESSELS.

The axillary artery is always imperiled in various types of shoulder luxation, when great or protracted force is necessary to effect reduction.

The artery in the axillary pit, however, has a considerable range of motion, lies in a loose atmosphere of cellular tissue and is well protected underneath by a thick layer of muscular tissue from the subscapularis.

Here the vessel is exposed to great tension, contusion and torsion, although it is very rare that one witnesses serious vascular lesion after repeated futile attempts at reduction, the brachial plexus of nerves being the structures most exposed to severe injury.

LACERATED OR INCISED WOUNDS OF LARGE ARTERIAL TRUNKS.

On a superficial view of the subject by one not well acquainted with the marvelous provisions of the

economy in the way of preserving the vascular supply of a limb it might seem that it must be sacrificed if its main arterial trunk has been rent in two through an open wound either by a lacerated or an incised wound. Apropos to this subject knowledge has come to me of a case to the point.

A young man while operating a circular saw slipped and fell on it in such a manner that it ripped through his sleeve, cut through the brachial artery, the centre of the biceps muscle part of the inner border of the triceps and rent the humeral shaft in two. Prompt and intelligent aid was rendered to stanch the hemorrhage until professional service could be rendered.

No doubt the spectacle presented was a harrowing one, but to detach that arm from the body, as was done, before an effort was made to restore its vitality or give the numerous recurrent branches at the shoulder an opportunity to send the necessary blood to the parts below would, indeed, seem a cruel blunder.

We should regard the division of a large arterial trunk in the same light as its deligation in continuity

and nothing more.

Lacerated or divided arteries, of great volume when accessible, should be treated precisely as a divided nerve or muscle, as mere division of an artery with closure of its lumen by fresh blood does not by any means imply its functional impotency. This is a field yet to be cultivated, and if my own health will permit, it is my intention to strive and at least cover part of it during the coming year by experimentation on the lower animal.



LA FOLIE EROTIQUE.

BY B. BALL, PROFESSOR IN THE UNIVERSITY OF PARIS.

Translated from the third French edition by F. E. Chandler, M. D.

(Continued from last number.)

SEXUAL PERVERSION.

Thus far I have discussed the different forms of erotic insanity; I have shown you the Platonic aberrations; we have discussed those senseless exaggerations of sexual instinct that go to the border line between sanity and insanity and which also often cross it.

In all the cases I have called your attention to it was a question of natural propensity exaggerated, wrongly directed or disguised, but which remained true to its point of origin.

I propose to-day to take up the third part of my subject and to show you those perversions of sexual instinct which are in direct opposition to nature.

We now enter the domain of legal medicine. Persons are often arrested and brought to trial for doing some of the things I have just spoken of, when in reality they are mentally unbalanced and irresponsible for their actions.

In commencing the study of perversion of the sexual instinct I must call your attention to the four classes:

- 1. The Sadists.
- 2. The Necrophiles.
- 3. The Pederasts.
- 4. The Urnings.

We will now examine in succession the psychological traits that characterize each of them.

1. THE SADISTS.

One of the most ordinary and

natural consequences of the sexual act is an affection, attachment or at least good will between the two participants; affection, often very ephemeral; attachment that may be in almost any degree; but this sentiment exists even in animals.

The morbid tendency to which I wish to call your attention to-day is found at the opposite extreme of this natural inclination. It is the desire to torture, to mutilate or to kill the object of their passion.

We read almost daily of children and young girls being stopped by tramps or beggars and raped and then assassinated with incredible refinement of ferocity. Is it to conceal his crime or to satisfy his instinctive brutality that the assassin sacrifices his victim? Both motives may be called in question, but it is incontestable that some individuals have a morbid satisfaction in making their victims suffer. Without going back to ancient history, without speaking of Cleopatra, who had all her lovers killed when their names were not Antony or Julius Caesar, we find nearer our own time examples of a like perversion.

One of the most valiant generals of Joan of Arc was the Marshal Gilles de Retz, who fought bravely at her side to drive the English out of France.

He was a brave knight, but his morals were so corrupt even for that rude age, that the soldiers said when he rode beside the Maid of Orleans: "There is the Devil riding beside the Holy Virgin."

After the war he filled a very

high position at court and was in the good graces of the King, when he suddenly resigned his position to withdraw to his domain of Machecoul in Brittany, where for fourteen years he gave himself up to the most abominable orgies, during which he massacred more than 800 children.

He was finally arrested and brought before the supreme tribunal that was presided over by "the very wise and very just Messire

Pierre de l'Hospital.

During the interrogatory Pierre de l'Hospital, frightened at the frankness of the terrible confessions of the accused, addressed him in these terms:

"Who incited you to do this; was it not the Tempter, the spirit of

evil?"

"I cannot say as to that," replied Gilles de Retz, "but I have myself, and without the advice of anyone, thought out my deeds, instigated doubtless by the Evil One."

Condemned to be burnt at the stake, Gilles de Retz was strangled the day of his execution before be-

ing burnt.

A more modern and not less famous personage, the Marquis de Sade, reducing his practices to a system, had created towards the beginning of this century his famous theory of torture with enjoyment (du plaisir sanglant). He pretended that in sexual matters the pleasure of the one was in direct proportion to the sufferings of the other.

In his novel entitled "Justine," that is probably the vilest book ever written, he multiplies the most senseless sexual combinations ad nauseam. The chief attraction in this singular work is the description of his tortures during coitus. These were not cases of pure speculation, for the Marquis de Sade seduced women to his apartments and made them suffer the mutilations described in his book.

He was finally arrested and condemned to death, but Napoleon rightly judging that he was insane had him pardoned and sent to Cha-

renton for life.

The Marquis de Sade has often

been surpassed, for the murderous tendencies I have described may go on to anthropophagy.

Blumroeder attended a man who had had his neck bitten during coitus with a lascivious woman.

We had at Sainte Anne an epileptic of extraordinary strength, who under similar conditions had chewed off the nose of his mistress, tearing the cartilages and breaking the nasal bones with his teeth.

These are, you will say, merely accidents, explosions of erotic insanity. It was not so in the case of Andre Bichel, whose story was

reported by Feuerbach.

This man after having violated young girls assassinated them and cut them in pieces. He himself told the court of the dismemberment of Catherina Seidel, one of his victims.

"I opened her chest," he said, "and cut through the soft parts with a knife; then I dismembered the body as a butcher does a calf. I split it with an ax, so as to have it fit the hole I had dug on the bank. During the whole of this operation I had the most violent desire to tear off a bit of flesh and eat it."

A true anthropophagist by the name of Leger satisfied this desire. A vine dresser, 24 years of age, left his home to find a piace. Instead of carrying out his project in a reasonable way he wandered in the woods for a week, suffering with an insane desire to eat human flesh. He finally met a little girl, 12 years of age. He raped her, then tore out her genital organs and heart, ate them, drank her blood and finally buried the corpse.

Arrested shortly afterwards, he calmly acknowledged his crime and was condemned and executed.

Esquirol made the post-mortem and found adhesions between the piamater and the cortical layers of the brain. Could it have been the beginning of a general paralysis?

Some years since an analogous crime was committed upon a little girl, 6 years of age, by Menesclou. It is well known that the autopsy of this criminal, who was guillotined, revealed the lesions of a chronic meningitis.

It would be easy to multiply examples of analogous cases, but it seems useless.*

Let us merely note three fundamental points that appear to us to characterize acts of this kind.

A. The sexual instinct is never satisfied by coitus; this is a peculiarity already noted in nymphomaniacs. Desire is immediately turned to fury and leads to ferocity, to murder and to anthropophagy.

B. Criminals of this kind love to mutilate the genital organs of their victims. This seems to be a variety

of depraved sexual instinct.

C. Nearly all patients of this kind have a bad heredity. They are sometimes foolish or half-idiotic. Autopsies show that these so-called criminals are often irresponsible because insane.

I have just shown the worst form of perverted sexual instinct, that which leads to the most terrible results. I have now to speak to you of other manifestations of this morbid tendency, which, although less dangerous in themselves, are nevertheless contrary to nature.

NECROPHILIA.

Necrophilism or necrophilia constitutes the extreme degree and one of the most remarkable deviations of venereal appetite. This strange aberration sometimes coincides apparently with perfect sanity.

Heroditus, the historian, tells us of Periandras, tyrant of Syracuse, who after having his wife Melitta assassinated violated her dead body. This historical deed has had many

emulators.

Persons given to necrophilia were known to antiquity and in the middle ages as "lycanthropes, vampires, demoniacs, necrophiles," etc. They were the terror of the populace and the object of very severe punishment. It is reported that even priests had been known to violate the dead that had been entrusted to them for the last rites.

A few years since Dr. Baillarger reported to the Academy of Medicine a very interesting case of this kind.*

One step farther, and we come upon those who, to satisfy their passions, go so far as to dig up the dead and break their coffins. Perhaps the best known case of this kind is that of Sergant Bertrand, who, when garrisoned in Paris in 1848, violated several recently interred bodies in the "Cemetiere Montparnasse."

Perversion of the sexual appetite as horrible as the above can exist only in insane people, and necrophiles most certainly are insane.

THE PEDERASTS.

It is a well-known fact that the most enlightened peoples of antiquity did not consider pederasty as a vice or crime. In Sparta the law required that men advanced in years should take youths to inculcate in them "virtue and bravery." In the other Grecian cities and states pederasty, although not sanctioned by law, was nevertheless openly practiced. We are accustomed to see antiquity through a prism that shows us its most brilliant colors while hiding its vices.

Among others Alexander the Great was, according to one of his historians "philopais ekmanos," and his aversion to the female sex was so great that he could with the greatest difficulty only be made to take the measures necessary for the perpetuation of his dynasty. That is the effect of the vice, but we must confine ourselves to the disease.

Pederasty is a passion that comes

very near to insanity.

A celebrated and almost historical example is that of Count Caius, whose case was reported by Profes-

sor Casper.

This was the famous "Society of the Seven Pederasts." When finally Caius was arrested and tried he claimed that he was ignorant of any illegal action on his part. He was judged insane.

^{*(}For a full description, with cases, of all forms of sexual aberration, see Dr. Chaddock's translation of Prof. Krafft-Ebing's "Psychopathia Sexualis." Tr.).

^{*} Bulletin de l'Academie de Medecine, vol. xxiii, p. 136.

A society analogous to this was discovered in Paris in the last years of the Second Empire. Some of the most honorable names of France were among its members. A singular accident caused the discovery of this club, which held its meetings in a little house in an out-of-theway corner of Paris. The government of that epoch, being continually in fear of a political overthrow, imagined that there was a conspiracy on foot. The house was surrounded and its inmates arrested. The secret was thus brought to light.

It often happens that these individuals show unequivocal signs of mental disease. Their genealogical tree contains the proofs of a pathological heredity. In such cases pederasty is a symptom of psychical degeneration rather than a special pathological condition. This would pederasty. be congenital exists also the acquired form. This is an unnatural inclination may result from vicious habits, such as alcoholism or masturbation; but may also have other causes, such as the commencement of general paralysis, cystitis and diseases the prostate in old men.

Pederasty is seen often in hermaphrodites—that is to say, in those individuals whose badly developed genital organs leave their sex

doubt.

We must also insist upon fact that the great majority of pederasts are by no means insane, but are simply vicious persons, or even ordinary criminals.

IV. THE URNINGS.

There are individuals who, in spite of the normal development and regular working of their genital organs, have not only no sympathy with but even a repulsion for the opposite sex. Their genital appetite is awakened in the presence of persons of their own sex only.

Urnings may be of both but this perversion is much more

common in males.

Patients of this kind are often physically well-developed, but what constitutes an important characteristic is that they never are pederasts. Pederasty is very repulsive to them. If they are not always contented with platonic love they seek passionate kisses and caresses, but they go no farther.

The abnormal physical life of beings these usually developes early, even in childhood, when the child may be seen to prefer the games usually allotted to the oppo-

site sex.

Almost always they have a bad heredity; almost always they have some slight mental disorders; but they always know what they are

doing.

Sexual inversion is neither a vice nor an immoral passion, but an unhealthy inclination that has characteristics of an impulse or an instinct. It is an instinctive and congenital tendency; it is the only way in which a badly organized individual can manifest his sexual life.

Public opinion and the law must take note of these irrefutable facts and trace a line of demarcation between sexual inversion and peder-

I have finished, gentlemen, the description of erotic insanity and I sincerely hope that you will not regret the time we have spent in disthese forms of mental cussing alienation.

APPENDIX.

SEXUAL PERVERSION AND MENTAL DE-GENERATION.

Abstract of case xxv, in Professor Magnan's lecture on "Alcoholic Delirium And Systematized Deliriums in Alcoholism."—Le Progres Medical, 18, vii, '66.

Joseph J—— has been from childhood

ism."—Le Progres Medical, 18, vii, '66.

Joseph J—— has been from childhood the slave of venerial appetites as imperious as disordered. When 6 years old, with some children of his own age, he amused himself by chasing ducks. When he caught one, he put it on his knees and rubbed his genital organs against its cloaca. When 8 yeers of age he did the some way to a she-goat and to a sow; when 12 years old he used a cow. At 17 years he saw one of his comrades in bed with his mistress, and tried to have her consent to relations with him. She refused and went away. Then he, carried away by lust, went into the stable and satisfied his bestial passions upon a mare and two fillies. "From that time," said he, "as I could have relations with women almost daily, I have never done any of this nonsense, excepting occasionally for fun."

J—— would try to touch little girls in the fields or in the barn, and would slide his hands under their skirts.

He assures us, however, that he never had any abnormal relations with men or women, but he requires daily rela-tions with the woman who has been his concubine these fourteen years, and who is ten years older than himself. He tells us that "once she was two days ill, and absolutely refused all sexual intercourse, and I was obliged to go to a bagnio to satisfy my desires." His wife knew his unreasonableness and once said to him:
"You would want me even if I were dead."

One day in April she was not feeling well and resisted him, and he, being a trifle tipsy, went out and met a young girl in the street, whom he took to a wine shop, where he wished to violate her. As she resisted, he left her and went home; on passing by the room of the "concierge" he asked her to come to his room and help him with his wife, who was ill Hardly had she put foot who was ill. Hardly had she put foot over his threshold than he seized her and tried to have connection with her before his wife. It is easy to understand how much he suffers from his desires while in the asylum. He masturbates frequently, and does not try to conceal his onanism.

He says now that he has performed fellatio with men, and recently owned up to having tried cunnilinguus on a bitch, and adds that he only regrets not having tried it on all other animals.
In 1892, at Ville-Eyrard, the wife of

another patient having come to see her husband, "that caused great desires, and he would have enjoyed connection with

her."

The next day he imagined that he heard the woman's voice saying "if

heard the woman's voice saying "if you wish me for your empress, you must eat what you find in the vessel—it comes frem me." He found some excrement there and ate it immediately, with pleasure, as he would have eaten an apple. "It smelt badly," he said, "but it could be done." One other time, while in the closets. a woman's voice commanded him to drink urine, and he did not hesitate to obey. He eats with pleasure, earth, insects, worms and beetles. ure, earth, insects, worms and beetles.

This patient entered Sainte-Anne six times in six years. It was a degenerate, sexually perverted man, who presented constant tendencies to delirium; under the influence of an alcoholic excess these tendencies increase and grow to the most typical ambitious delirium, while toxic delirium is establishing itself on the other hand.

As the asylum the toxic delirium disappears first, then the ambitious conceptions lessen, and the habitual mental condition, a sub-deliriant state, appears.

The End.



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MEDICAL PROGRESS IN INDIA.

We have recently learned, with much pleasure and satisfaction, that the Dominion of India has taken on itself the important work of training there those who wish to enter the profession of medicine.

India covers a vast territory and has an enormous population. Until late years the sanitary condition of that country has been very bad, in consequence of which, the mortality there has been enormous from diseases in a large measure preventable; or, at all events, capable of amelioration by medical agents.

Since England came into possession of that country, educated, properly trained physicians were almost entirely provided by "military and Government" sources.

But little encouragment was extended to indigious medicine, and, hence, as a result the enormous native population was entirely dependent on physicians provided by the "mother" country. In fact, the old lady in this particular has proved herself anything but maternal; and has practically moropolized the med-The only ical patronage of India. avenue to an important medical appointment there was through the "service." The unfortunate native being compelled to pay any fee demanded, from one whom he had no voice in selecting, had all this from a nation which clamors so loudly for the "liberty of the subject." Events have proven, however, that our Oriental brethren are not behind England's other colonists in learning to stand on their own base and demanding their rights in medical matters as well as others. In Bombay, a very shrewd and practical primary work was made when all the native and other non-governmental practioners came together and formed "the Medical Association of India;" they organized and welded their scattered forces into one compact and systematized whole; selecting as their officers many of the most eminent and distinguished members of the profession.

Their next move was to found a medical college. The new "College of Physicians and Surgeons of Bombay" is now fairly under way; and, judging from the distinguished position which the new faculty occupy in their profession, and the crying need for home-educated physicians in India, there can be no doubt of its ultimate success as one of the greatest teaching institutions in the world.

Naturally enough, it has its scof-

fers and detractors, who are always clamoring, that there are too many medical colleges; but if we investigate the source of the most of these puerile criticisms, it will be found, among the members of some strong teaching body who are fearful that their cwn glamour may be diminished by their dangerous rival.

Among the many deservedly noted physicians in India who have labored so hard and accomplished so much for medical progress and medical anatomy in India, none stands forward more prominently, and justly so, than Dr. Laurence Fernandez, the distinguished editor of the Indian Lancet, a journal excelled by none other in the English language, save only by its namesake in London; founded and launched by that fearless foe of medical despots, Tom Wakely.

IS THE PHARMACOPEA FALLING INTO DISUSE?

In an excellent article, which it would pay every physician to read, Dr. F. E. Stewart, of Detroit, discusses this important subject before the last meeting of the section on Materia Medica of the A. M. A., and which was recently published in its journal. Briefly, he holds the view that there is too little attention paid by the average doctor to the contents of the pharmacopea. Many of the drugs have been unwarrantedly relegated to the shelf; many have kept their place in the official

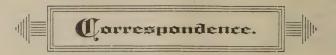
book, but there are few physicians

who ever employ these.

The doctor is right. There are too many unused drugs recognized as officinal. The cause of this seems to lie in the manufacture of pharmaceutical preparations, which tends to drive the physician to the use of a few drugs as lauded by the selling agent, rather than depend on his own knowledge of therapeutic use of pharmacopeal drugs.

It is unfortunate that such a state of affairs exists, for it tends to lower the high standard of the medical profession in the eyes of the public.





WHAT OTHERS THINK OF US.

103 State st., Chicago, August 15.

Editor "Medical Times and Register:"—Dear Doctor: Your journal for June 20 is augmented in value by reason of the contribution of Dr. Dunham. The profession is not as a body able to appreciate his truths, so inborn is error and drug dominance.

Therapeutics as applied to the cure of acute affections are made insufferably complicated by corporate and private influences and a

reaching out for the mysterious in practice. A journal refused an article of a friend of mine because it offended the proprietary interests of one of the advertisers, not that it mentioned his wares in particular but because the paper advocated non-drug treatment.

The articles of Dr. Manley are both interesting and valuable.

Sincerely yours,
ELMER LEE, M. D.,

The Neurological Section Pan-American Congress.

Dr. C. H. Hughes, Honorary President of this section, is sending out the following invitation to the Neurologists of the United States:

St. Louis, Mo., August 13.

My Dear Doctor: Can I rely upon
you for a paper or subject of discussion for the Pan American Medical Congress to be held at the City
of Mexico, November 16, 17, 18 and
19 proximo?

I have just been informed—rather tardily I think—of my selection as Honorary President of the Section of Neurology and Psychiatry.

The meeting promises to be an exceedingly profitable and agreeable one socially and scientifically. We should make the best showing we can for American Psychiatry and Neurology. You can materially help in this laudable direction. Will you give me the promise of a paper and of your presence on the interesting occasion? If so, please indicate on the enclosed your intention to be present.

Yours very truly,

C. H. HUGHES, M. D.,

Honorary President Section of

Neurology and Psychiatry.



THE BROOKLYN POST-GRADUATE SCHOOL OF CLINICAL ELEC-TRO-THERAPEUTICS AND ROENTGEN PHOTOGRAPHY.

OPENING ANNOUNCEMENT.

On September 7 the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics—the second of its kind in this country—will inaugurate its work of practical instruction in the uses of medical electricity.

The establishment of this clinic, which is now for the first time announced to the profession, has been the logical outgrowth of this department of the "Times and Register." Among the many letters that have reached the editor's desk during past years not a few have been appeals for practical information; for directions in technique, and inquiries for useful literature on the subject. They have come from Maine and California, from Texas, Canada, and well-nigh every State between. Henceforward a practical means through which we shall endeavor to contribute the teachings of experience and original research to aid others to rational progress in this branch of medicine will be the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics and Roentgen Photography.

The need of instruction in scientific electro-therapeutics in medical colleges has been commented on by many writers, by none with greater accuracy and force than by Dr. W. J. Herdman (Prof. of Diseases of the Nervous System and Electro-Therapeutics in the University of Michigan, and ex-President of the American Electro-Therapeutic Associa-

tion), in his introduction to a lately published text book:

"About 10,000 physicians within the borders of the United States make use of electricity as a therapeutical agent daily. Many others find occasional use for it. The surgeon and the ophthalmologist, the dentist and the gynaecologist— in fact, the specialist in whatever field finds it a valuable aid to treatment, an indispensable handmaid. It is the mainstay of the neurologist, both in diagnosis and treatment, and the rapid increase of exact knowledge in this branch of medical science is largely due to the service it has rendered. The more familiar we be-come with the manipulation of electric energy the more do we recognize its adaptations to the requirements of disordered physiological condition. It is a lack of familiarity on the part of electro-physics and physiology more than any other cause that has retarded the progress of electro-therapeutics. Had every student during the past decade been made acquainted during his medical course with the action of electric energy upon the various tissues of the human body, and had he been instructed in the management of such appliances as are commonly employed for controlling such energy, there is not a general practitioner or a specialist amorg them who would not be using it daily in his practice with increased satisfaction to himself and benefit to his patients. So wide is the range of adaptability of electricity to the treatment of disease that it must become the common property of every physician, no matter whether his work is general or special in its nature. It needs no further illustration or argument to show that the time is ripe for systematic instruction in electro-therapeutics in our medical schools. The profession at work in the field recognizes its needs. The exthe field recognizes its needs. The extensive list of disorders yielding to such treatment renders this indispensable. But how should it be taught in order that the best results may be attained and the science most rapidly advanced? What ought the physician to know who undertakes the therapeutical application of electric energy if he would direct his treatment with an intelligent purpose and most efficiently?"

Those who are personally familiar with the capacities of electricity in one or another form as a curative agent are aware that the widely extended and general usefulness which it is capable is retarded by ignorance of the technique of its management, and that great disparity of results arises from lack of uniformity in methods and apparatus. Two facts bearing on the case have been stated by me in the following language:

"Between the indications for a surgeon's knife and the unsatisfactory routreatment of many chronic conditions there is a field unoccupied successfully by any therapeutic agent except electricity. It would seem to be the duty of the general profession to keep step with such progressive and beneficial therapeutics. Both the essential apparatus and the operative skill to use it are happily now within easy reach of the practitioner. With less difficulty than he acquires the simple technique of than he acquires the simple technique of minor surgery, for example, he can familiarize himself with the management of a proper coil or galvanic apparatus. What is now most urgently required at the bedside of the invalid is not so much further advancement in laboratory medicine as more generally diffused and accurate knowledge of the clinical results already obtained by demonstrated methods and an appreciation of the bearing of these results and methods upon medical practice."—Comparative Therapeutics, by Dr. S. H. Monell. American Medico-Surgical Bulletin, April 25, 1896.

Again: "The general practitioner who

Again: "The general practitioner who reads up a case which he proposes to treat with some form of electricity has usually two chief questions in his mind—What current shall I use? and 'How shall I apply it?'"

"But when the physician has selected the current which appears to be particularly indicated, he has solved less than half his problem. So important do I consider the adaptation of method to administration that I regard every other question in electro-therapeutics as subquestion in electro-therapeutics as sub-ordinate to this; for in certain cases either, or any, current may be so wisely administered as to produce good results, while the current actually and primarily indicated in the same cases may be so unskillfully applied as to lead to nothing but disappointment. It is not alone a question of which pole shall I use—sedative or stimulating?—but I must take into account the selection of the proper electrodes (size, shape and material), their appropriate placement, the regula-tion of the correct dose, the duration and frequency of treatment, as well as the preparation and management of the pa-

tient. Even with all this done for him the student may still ask, 'How shall I the student may still ask, How shall I apply these electrodes to get the desired effect? Shall I turn the current on first or afterwards? Shall I develop the full strength slowly or all at once? Shall I keep the electrodes still or move one or both of them about? Shall we reply, 'It depends on the effect desired?' That is true, but how does this answer help the physician who asks the question. He the physician who asks the question. He requires explicit directions until his practice and observation make him partly independent of directions from others, and enable him to elaborate his own

technique.
"Correct method is largely the explanation of brilliant successes in electrotherapy: incorrect method—careless, ignorant, harmful, or aiming at the wrong mark—is the reason of many discouraging failures. In applications to special organs, the eye, nose, throat, within the pelvis, bladder, and uretra, an expert knowledge of how to do the correct thing is not secondary in importance to determining what should be done. In estimating the relative place of electricity among the relative agents it is, in my judgment, a question not of what effects judgment, a question not of what effects will electricity produce in or upon the human tissues, but rather what effects can a skillful operator cause particular electrical currents to produce in any or all doses, by the dexterous manipulation of ingenious electrodes ingeniously applied, and by the employment of every helpful method so far devised by specialists. The answer to the question in this form would put the true stamp of value upon medical electricity. No other view of the subject does."

view of the subject does."
(Dr. S. H. Monell in Journal of Electro-Therapeutics, July, 1896).

In a yet unpublished Ms. I also remark the following:

clinical demonstration of the benefits of electricity in disease has withbenefits of electricity in disease has without question gone far beyond the general knowledge among physicians of how to prescribe and properly apply it. Articles on the subject in current medical journals are a dead letter to the vast majority. Increased opportunity for instruction in this branch of medicine has become a necessity to the general practitioner. The surgical operator's skill is the result of his prestgraduate experience. the result of his postgraduate experience, and so must be the skill of the electro-therapeutist. To acquire this skill a mastery of correct technique is a self-evident fundamental necessity. Amid the marvelous development of electricity in industrial lines it has also made less rapid but substantial strides in both medical and surgical practice, and accurate information regarding means and methods of employing it is becoming more and more in request among physicians everywhere."

With the definite need for special post-graduate clinical instruction thus clearly recognized by the editor of this department, steps were taken by me in October, 1895, which, it was

hoped, would, ere this, develop a chair of electro-therapeutics in one of our principal institutions. Circumstances, however, have devolved upon individual action the responsibility of providing, without another year or more of delay, the means of practical clinical experience in the electro-medical currents. uses of Among the barriers which interpose to prevent the demonstration of this branch of medicine in every hospital dispensary is the room required and the cost of suitable equipment. The cost of fitting up an ordinary medical-clinic room is little more than that of desk and chairs, but the outlay for electrical rooms, complete and worthy of name, may exceed two or even three thousand dollars. Fortunately this obstacle—generally prohibitive—has been inoperative in the present case. In founding and establishing the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics an important advantage is derived from my past zeal in the accumulation and improvement of highefficiency apparatus. The mechanical resources at my command for clinical employment are therefore exceptional in variety and interest. Among them the Monell high tension induction apparatus, now made by the Jerome Kidder Manufacturing Company, 820 Broadway, New York, was described in these columns when originally devised by the author. also have been minor, but useful suggestions. During last summer several of our issues were also devoted to the physiology and therapeutics of static electricity, which will be demonstrated in the clinic with the Morton-Wimshurst-Holtz machine, the leading instrument of its type yet constructed in this country. operating power is a 1-6 horse power Crocker-Wheeler motor, installed by Messrs. Blackall and Baldwin, 126 Liberty street, New York.

Reserving mention in detail of other appliances which in their entirety compose a model electro-therapeutic equipment more various and complete than any other, save one, in the word, it is proper to state briefly something of the aims to be accomplished. The general direction of the clinic and instruction will be under my personal supervision, with attention in particular to induction coil apparatus, static machine and Roentgen photography. Since the presentation of my paper, "Roentgen's Contribution to Surgical Diagnosis"** (Brooklyn Medical Journal, May, 1896), the usefulness of the process has been enlarged and its value confirmed.

The manifold services of both continuous and interrupted currents in the pelvic conditions of women will be illustrated to the classes by Dr. Fannie W. Oakey. Skilled assistants will have charge of cautery work and such other special branches of instruction as will be incorporated in the clinic under my direction.

Dr. A. D. Rockwell, of New York City, author of the standard treatise on "Medical and Surgical Uses of Electricity" (just issued in its ninth and revised edition) formerly Professor of Electro-therapeutics at the New York Post Graduate Medical School and Hospital, and conjointly with Dr. Beard, the early enunciator of much that is most valuable in the accepted principles and methods of to-day, will be consulting physician. No more gratifying announcement could be made.

It would seem superfluous for the editor of this department of this medical journal to express a single word of assurance that the conduct of the clinic will be such as to conserve and promote the best interests of the medical profession.

Unfortunately—though largely, it must be owned, through professional laxity—there has sprung up a common and unscientific use of electricity in hands from which it should be the aim of all reputable physicians to retrieve it. Unquestionably no one save the medical man or woman who by education and training is competent to assume the responsibilities of the physician should ever direct, prescribe or administer an electro-

^{*}Made by the Galvano-Faradic Manufacturing Co., 300 Fourth avenue, New York City.

^{**}Read before the Kings County Medical Society, April 21, 1896.

tions.

therapeutic application. No one will be admitted to our classes who is not recognized as a reputable practitioner, or student of medicine.

In regard to the course of instruction which this clinic will afford it is sufficient to say that it will be essentially "practical." Theory, and a knowledge of physics and electrophysiology can be acquired in other ways, but a knowledge of manual technique, of the resistances of the human body, of the electrolysis of living tissues, of the requirements of electrical applications to various parts of the human anatomy when the subject is not a laboratory specimen, but a living being, sensitive to pain and susceptible to injury, can only be attained by actual clinical experience.

It is this experience—which must be reinforced by much other essential instruction conveyed by clinical talks—which it is our aim to provide our classes. Our students will learn in practice to allay pain, to stimulate muscular action, to quicken the torpid processes of nutrition, to promote absorption, to excite secretion, to revive nerve inactivity, to heal ulceration, to arrest hemorrhage, to reduce congestion, to dissipate strictures and tumors and to cauterize and destroy abnormal growths by means of electricity in one or the cther of its several useful manifesta-

Just here I am reminded, however, that in these days of three, four and even six-year compulsory courses in undergraduate medical colleges the average physician does not know what electricity can do for him in his practice, nor what he must learn about it to make it useful. It may therefore not be too elementary to survey this field ere closing.

The electro-therapeutical world has advanced beyond "shocking machines" and "giving shocks." The "family battery" is also as far in the rear of the high-efficiency apparatus which the educated physician should possess to-day as the tallow dip is behind the electric light.

The study of up-to-date electrotherapeutics is replete with variety and filled with profound interest. The average practitioner who desires to use electricity as understandingly as he prescribes drugs, and as an adjunct to other agents of the materia medica, will, at the beginning wish to know the difference in activity, dosage, quality, character and effects between galvanic, static and faradic currents. The application of Ohm's law to constant and interrupted, primary and induced, direct and alternating currents will call for comprehension in its turn. The student will read in text books of anode and cathode, of sedative and stimulating effects, of electrolysis and cataphoresis, of soluble electrodes, of Apostoli's method, of galvano-puncture and galvano-cautery, of static breeze and sparks, of central galvanization and general faradization, of milliamperes, of meters, of rheostats, rheophores, rheotomes, coils and cells, and the clinic will give him practical knowledge of these things. Before the physician can join the great and increasing resources of medical electricity to his armamentarium he must learn when and how to prescribe it. He must be taught its indications in general, and the current, dose and method in particular. He should know how to apply it himself or to direct a trained nurse how to apply it properly. With an interest which constantly gains from study he will inquire how to apply induction currents from long, medium or short coils (fine or coarse), so that they will stimulate or soothe; produce intermittent muscular contraction or physiological tetanus; allay or excite pain, combat congestion and inflammation, reduce hyperplasia, relieve a contusion, increase wasted or non-developed muscular structure, tranquilize the nervous and circulatory systems, increase peristalsis, promote nutrition and hasten absorption. It is the purpose of the clinic to teach the necessary steps to produce these effects.

The forms of application most frequently required in gynecology should also become familiar to the medical student. Owing to the lack of sensitive nerves in the parts, and to the very much greater conductiv-

ity of moist, soft, mucous tissues a given current per vagina will produce far les pain than when applied

to the dense, resisting skin.

The properties and effects of galvanic currents are more complex than those of faradic currents and demand more skill and care in their proper use. The practitioner requires to know how to control, direct and constant, chemical the current so that, at will, he can make it anodyne, sedative, denutritive, anticongestive, hemostatic, styptic, caustic or cautery in various doses on the one hand; or with the opposite pole increase capillary circulation and nerve irritability, soften and break down exudative material, liquify tissues and promote osmosis and absorption, stimulate functional activity, and increase, diminish or arrest deranged secretions. Clinical experience is required to familiarize the practical physician with the methods of producing these effects, and to enable him to consider the relative indications for prescribing any form

of current, and to equip him with the technique as well as the theory of

application.

The above hints glance at but faradic and galvanic resources. field for investigation in static electricity is very rich and will supplement effects which neither of the other currents will produce in char-With improved modern apparatus it has again achieved a therapeutical importance commensurate with its remarkable history. share in developing its clinical value and obtaining for it the recognition it deserves is too well known to readers of this journal to need more than passing mention here.

The term electro-cautery sufficiently suggests its own field of work. A prospectus of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics will be sent upon application. For further particulars and terms for instruction inquiries may

be addressed to the author.

-S. H. Monell, M. D., 865 Union street, Brooklyn, N. Y.





ODIDE OF MERCURY HEMOL IN SYPHILIS.

Dixon Mann (Med. Chronicle, February, 1896) says that hemol is an organic compound of iron obtained from blood, and has been combined with several of the heavy metals by Kobert, of Dorpat, at whose request the author made a clinical trial of iodide of mercury hemol. It is given in two three-grain pills three times a day, and possesses the great advantage that it can be taken for a considerable period without causing sal: ivation, and is especially useful for anemic persons requiring mercury. A trial of it was made in cases of squamous and papular syphilitic iritis and two cases of syphilis. The iodide probably aids the mercury in its action on skin diseases, and when the squamous stage is reached iodide of mercury hemol appears to act more quickly than blue pill of pil. hydrarg. subchlorid.

TOXINS CONVERTED INTO ANTITOXINS BY ELECTRICITY.

D'Arsonval and Charrin (Sem. Med., February 5, 1896) found that they could attenuate toxins by passing constant or interrupted currents through them. They have succeeded by varying the strength of the current, in attenuating them so that the toxines serve as vaccines. Experimenting on guinea pigs, vaccines so prepared protected them from virulent cultures of B. pyocayneus. Vaccine prepared from diphtheria toxins was not so successful, but it certainly

raised the resistance of the animals to subsequent injections of pure cultures. One of the most important results was the attenuation of toxins by rapidly alternating currents (more than 200,000 times).

BALSAM OF PERU IN ITCH.

At a recent annual meeting of the Scciete Française de Dermatologie et de Syphiligraphie (Sem. Med., April 15) Jullien stated that he had used balsam of Peru, acording to the method followed by Peters and Tanturri, in about 300 cases of itch. Balsam of Peru contains an essential oil, the vapor if which is extremely toxic to the acarus. The patient is rubbed in the evening for 15 to 20 minutes with the balsam; it is not necessary to rub hard, as the vapor is sufficient to kill the parasite. The patient sleeps afterward in a nightshirt impregnated with balsam Peru, and the next morning he is soaped all over and has a bath. treatment is particularly useful patients affected with secondary eczematoid and dermatitic lesions and in weakly persons, in the subjects of heart disease, in pregnant women and in nurslings.

PEROXIDE OF HYDROGEN.

Dr. Warren Brown, of Tacoma, Washington, in a paper on "Peroxide of Hydrogen," read before the Washington State Medical Society, and published in the Medical Sentinel, of Portland, Ore., February, 1896, after

alluding to its method of manufacture, speaks of it therapeutically as

follows:

Gonorrhea may often be aborted by using a full strength hydrogen dioxide injection immediately on the very first appearance of discharge. The injection should be used four to six times in 24 hours and retained for five minutes.

Cystitis, where pus is voided with the urine, often yields rapidly to a solution containing two ounces to the

pint.

Otitis media is treated by hydrogen dioxide solutions in various strengths from 6 per cent. upward.

Eye diseases, where there is a purulent external inflammation, are constantly being benefited by this agent. The Wills Eye Hospital, Philadelphia, uses a 50 per cent. strength of the so-called 15 volume solution. Blepharitis marginalis is quickly cured by touching the edges of the lids once or twice daily with a strong solution, care being taken to avoid getting it into the eye.

Ulcers of all kinds improve rapidly under its use, and for treating and cleansing venereal sores, as chancroids, etc., it is of great service.

Empyema, especially where there is from the first a stinking sanious exudation following incision, is very satisfactorily treated by washing out the cavity with a solution from one-

half to full strength.

In appendicitis the abscess cavity is cleansed with this solution by many operators, in preference to any other antiseptic. Robert T. Morris, of New York, has laid special stress on the value of the peroxide in these cases.

In follicular tonsillitis the use of a spray, diluted just enough to prevent the smarting sensation, and alternating with this one of the alkaline antiseptic sprays, or gargles, is a very satisfactory procedure.

Diphtheria and all naso-pharyngeal inflammations where there is a pseudo-mebranous and septic condition have been treated very widely by means of this agent. I like the plan of Jennings, in Detroit, who uses an irrigation of an aqueous solution of one-eighth each of hydrogen

dioxide and listerine. He throws the solution into the pharynx with an all-soft rubber syringe every two or three hours. The plan is an admirable one for treating children, and the combination is pleasant and effective.

Atrophis rhinitis is benefited remarkably by the use of a 40 per cent. spray. It should be used a few minutes before the employment of the usual alkaline, stimulating spray, and the powder insufflations. In this way the scabs are loosened, muco-purulent secretions are dissolved and a stinking breath is converted into one

that is pure and sweet.

In acute cases of eczema of the leg we find this agent of the utmost The tissues are inflamed, hot, swollen and oozing, the itching is almost unendurable, the odor is offensive. To secure the best results the limb is elevated and a diluted solution of the peroxide is applied frequently with cheese cloth, gauze or an atomizer. In two or three days a marked change for the better will be apparent, the pruritus is allayed, the purulent exudation checked and all inflammatory symptoms are subsiding. At this stage we begin the use of a soothing ointment, such as the boracic acid or zinc oxide, using lime liniment to wash the parts instead of water. Under this treatment, combined with rest, we will see our patient rapidly cured.

Eczema of the anus will rapidly improve if the fissures are touched twice a day with this solution, then dried gently with cotton, and a glycerite of lead application made. In nearly every form of acute eczema in the first and second stages the peroxide will give us the keenest satisfaction. The regular solution is diluted with two or more parts of water. Hydrogen peroxide is an excellent anti-pruritic and for this purpose it

is widely used.

The hemostatic value of this drug, as pointed out by Dr. Emerson Brewer, of New York, I can indorse. In operations on the nose and throat I have upon two occasions been enabled to check a persistent hemorrhage, when Monsel's solution and plugging had failed. At present I

am in the habit of applying the full strength hydrogen peroxide after every operation on these parts. It is of special value after sawing out a deviated septum.

For flushing out a mammary abscess cavity this agent is invaluable.

Applied to the cervix uteri, adherent mucus is removed and our medications can be applied.

When it is inadvisable or impossible to make a complete opening of a fissure or abscess, irrigation with the peroxide will be found superior to all other antiseptics.

We have in peroxide of hydrogen a prompt, safe and efficient germicide. By its oxidizing power it rapidly decomposes pus, diphtheritic mem-

branes, and other morbid putrefying material. It is a thorough deodorizer and as a cleansing agent for foul wounds, abscesses, etc., it has equal.

Of the different preparations of peroxide, Marchand's has been most

uniformly satisfactory.

Since writing the foregoing paper my attention has been called to hydrozone, a stronger solution of peroxide of hydrogen, which for some months I have been using with much satisfaction.

Dr. Beverly Robinson is of opinion that appendicitis is closely connected with rheumatism and yields readily to the salicylates.





CONTRIBUTION TO THE STUDY OF HEMATOPORPHYRINURIA.

Five years ago Salkowski, and then Hammersten called attention to a curious change in the urine, a rare anomaly of coloration and a phenomenon that usually accompanies diseases that terminate fatally.

Salkowski, on submitting the urine in question to a chemical analysis, consluded that the coloring matter is identical with the hematine obtained from the iron, or hematopor-

It was evident that this substance is formed in the animal organism by decomposition of the coloring matter

of the blood.

On the other hand, both Salkowski and Hammarsten have made positive experiments which allow them to affirm that hemtaporphyrinuria may be caused by the administration of overdoses of sulphonal. This has been confirmed by other experiment-

Authors give a detailed account of the experiments made by Stokvis, of Amsterdam, who produced hematoporphynuria by overdoses of sulphonal. They made 100 similar experiments and always with negative results. They found a reddish coloring matter in the urine of a few rabbits, but it was not hematoporphyrin.

-Berliner Klin. Wochensch.

A CASE OF HERMAPHRODISM.

Professor Pozzi presented to the Academie de Medecine a very interesting case of this. Hermaphrodites are divided into two grand classes—

the "gynandroids," or women who resemble men in the configuration of their genital organs (Pean); these cases are quite rare. Then come the "androgynoides." These are far more common, and among them may be classed certain hypspadiae, with vulvoid appearance of the genitals and the penis resembling a clitoris. Lastly we have the true androgvni, whose external genitals, vulva, clitoris, vagina, breasts, resemble completely those of a woman, and have in addition no beard and a feminine voice.

In them it is imposible, without an operation, to diagnose their true

The patient in question was of this kind. "She" had never menstruated, nevertheless she had congestive phenomena with epistaxis periodically for 12 years.

After an abdominal operation an unknown gland was removed from her and this upon microscopic examination proved to be a testicle. Sexual desires, that were completely null before the operation, have become very violent since. The patient is strongly attracted toward the male. Sex.

-L'Independence Medicale.

DISINTOXICATION OF THE BLOOD.

M. Barie obtained cures in four severe diseases (one pneumonia, two uremias and one cerebral rheumatism) by clearing the blood of toxines through injecting serum in quantity equal to the amount of blood he removed by bleeding. -Progres Medical.

AUTOCHTONOUS LEPROSY.

MM. Long and Valmey presented to the French Society of Dermatology and Syphiligraphy a patient suffering from autochtonous leprosy. He was from Brittany and had never left his country. He knew of no other leper in his family, but had been suffering since his 8th year (he is now 31) from a characteristic mixed leprosy.

Histological examination showed the presence of Hansen's bacillus.

The acute development is of recent origin and came on after an intermission of 22 years.

-Progres Medical.

TREATMENT OF ERYSIPELAS.

Dr. Koster proposes the following simple method of treatment of erysipelas.

He smears the diseased parts and their neighborhood with vaseline twice daily and then covers this with

a linen mask or bandage.

The rest of the treatment is purely symptomatic. Author treated 130 cases in the hospital at Gothenburg and got results equally favorable to those following other methods of treatment. Ichthyol, according to the author, gives worse results than iodine or sublimated vaseline. says, "the duration of the fever is the same when plain vaseline is used as when other methods are employed. No method of treatment gives any absolute guarantee against generalization of the disease. Vaseline is simple, non-toxic, non-irritant and fully as efficacious as the other topical applications.

-Therapeutische Monatshefte.

PERFECT PLACENTA PREVIA CENTRALIS; MOTHER AND CHILD SAVED.

Actualite Medicale publishes one of the rare instances where the placenta was completely inserted on the inferior segment of the uterus, so that the os was closed and the edge of the placenta could not be reached. Hemorrhage, as might be expected, was most alarming. The patient was aged 30 and in her fourth pregnancy. The period ceased after August 10, 1894. Hemorrhage set in on April 25 and continued. On May 17 Duloroy was called in. The perineum was found torn; the laceration had taken place at the previous labor. A bleeding, elastic mass filled the upper part of the vagina. No part of the fetus could be felt. On abdominal palpation the head was found presenting, but not engaged in the pelvis. After plugging and various palliative measures labor set in on May 24, at 11 P. M. By 2 A. M. the os was wide enough to allow of version. A jet of blood, as though from a big tap, issued from the vagina just before the hand was introduced. Turning was successfully performed and the uterus contracted vigorously, cramping Duloroy's hand, yet effectually checking hemorrhage. lacerated perineum allowed the shoulders and head to be delivered with ease. The infant remained in a state of suspended animation for an hour. After its expulsion the uterine hemorrhage ceased entirely. The mother was well in three weeks and the child was in perfect health. The most scrupulous antiseptic precautions were used at and after the la-

Pinard notes that perfect placenta actually occupying the central point of the os, is extremely uncommon. He firmly believes that insertion on the lower segment of the uterus may be explained by the concussion of railway traveling during the first Duloroy's weeks after conception. patient was a laundress, and he thinks that the movements of the body in the exercise of her vocation may have brought about the vicious insertion of the placenta. He feels sure that it was lucky that the perineum was torn in this case, as it allowed of rapid extraction of the fetus when the bleeding was simply appalling, even to an expert.

-Duloroy.



CURATIVE ACTION OF IODINE IN ACTINOMYCOSIS AND THE SUCCESSFUL TREATMENT OF SARCOMA BY LEGERDEMAIN AND CHARMS.

M. Duquest, before the French Academy, presented a case of buccopharyngeal actinomycosis successfully treated by iodine, internally. Internal treatment acted readily, effecting a prompt cure. He made external applications of a 25c. sol carbolic acid, conjoined at times with interstitial injections of iodine tincture. The mass inflamed, suppurated and cleanly healed without a scar.

M. Reclus read a report on an essay by Legrain on "Sarcoma in Algiers." Three cases were cited. In one it attacked the lower eye-lid and returned after excision. A local charletan cured it by sorcery. Another case came under Legrain's own care, which he successfully treated himself by similar means. In the third case a massive sarcoma of the mastoid was effectively cured by a neighboring witch. In all these cases the diagnosis had been verified by a morphological examination. But M. Reclus calls attention to the fact that the microscope is a more reliable aid in many of these cases, as there is practically an identity between globo-cellular sarcoma and tuberculous hyperlosia. The general characters of both are quite the same, rapid growth, great density, intermittent, excruciating pain and tendency to recurrence in the deep cervical chain.

He emphasized the importance of accurate diagnosis before recourse is had to radical measures.

-Gazette Hebdom, de Med. et de Chirurg. 23 Juillet, 96. ON THE TREATMENT OF INOP-ERABLE CASES OF CARCIN-OMA OF THE MAMMA; SUG-GESTIONS OF A NEW METH-OD OF TREATMENT, WITH IL-LUSTRATIVE CASES.

-By George Thomas Beatson, M. D., Edin.

(Abstract from the London Lancet of July 11 and 18, 1896.

The doctor recognizes two groups of inoperable cases of cancer; first, those reappearing after operation, and secondly, those which have progressed so far that no local removal can be attempted. He cites three cases, one illustrative of the first, and the other two agreeing with the second group.

The first case is a married woman, thirty-three years of age, and the mother of two children, the older being three and the younger child one and a half years of age. While nursing her first baby she noticed a small, painless lump on the outside of her left breast; twenty months later, while nursing her second infant, she observed that the lump was increasing in size. After nursing the baby for ten months she weaned it and applied to the Glasgow Royal Infirmary for treatment.

On admission, in January, 1895, the center of her left mammary gland measured 5 inches across and 3 1-2 inches in vertical diameter, while small modules infiltrated the surrounding skin. About 2 inches above the nipple a small ulcer was seen. She was apparently strong, healthy and robust. On January 25, 1895, she was operated upon, the auxiliary glands and part of the pecremoved; she toral muscle being seemed to make a good recovery, and was discharged in March. After a month had elapsed she again applied

for admission to the hospital, as a discharge was coming from the wound, but she was informed that no operative measures could relieve her.

Although there are several points in carcinoma upon which the profession is a unit, still there are two in which there is not the same unanimity of opinion, namely—as to the purely local origin of the disease, and the interpretation to be put on the structures known as leberto specific cancer cells. There are some who claim that the local origin of carcinoma starts from a blow or some irritation, while others aver that it is purely the cause of blood disease. Coming, then, to the interpretation cancer-cells. Dr. Beatson put on thinks that they are simply epithelial cells undergoing vacuolation, in the course of what is evidently a degeneration.

He interested himself in the subject of lactation in the sheep of Scotland. At this time (1876) cerebral localization was very much talked about, and he took up its study. He found that the secretion of milk, though affected by the general nervous system, had no special nerve supply of its own. Besides, it was clear to him that lactation is at one point perilously near becoming a cancerous process if arrested at all. fact, he learned that one organ could hold control over the secretion of another and separate organ, such as the ovaries have over the mammae. Above all, he was struck with the local profliferation of epithelium seen Here was the very in lactation. thing characteristic of carcinoma of the breast, and, indeed, of cancerous processes everywhere; but, differing from it in that it was held in control by another organ, and could either be arrested by that organ altogether, or continued to a further stage, where the cells became fatty and passed out of the system, not only in an inocuous, but also in a nourishing fluid—milk.

Modern pathology teaches us that all pathological changes are modified physiological ones, and that a knowledge of the forces controlling the one may sometimes give us a clue to the other. Dr. Beatson wondered whether or not cancer of the mamma was due to some ovarian irritation; and if so, would the cells undergo the fatty degeneration seen in lactation, were the ovaries removed. To ascertain this he removed the ovaries from suckling rabbits, and the three cases he tried confirmed the fact.

Thinking that the thyroid tabloids might influence the growth, and possibly effect a cure in carcinoma, Dr. Beatson resorted to this treatment in the case under consideration, on May 11; but, in a month, as there was no appreciable change, the proposition of the removal of the ovaries and tubes was put to the woman and her husband, and with their consent an oophorectomy was performed on June 15. The breasts were kept clean with boric lint. The thyroid tabloids were resumed, and eight months after operation every vestige of her former cancerous disease had disappeared.

He removed the ovaries and tubes from another woman, who recovered from the operation with a disappearance of the disease from the left breast, but in the right breast there developed a small module, and then she was placed on the thyroid tabloid treatment.

The third case was a woman, 49 years old, who had passed the menopause, and who had a large sore on the left breast. She was given the thyroid tabloid treatment with no noticeable results.

CONCLUSIONS.

To recapitulate: Dr. Beatson urges the following points: (1) That there seems evidence of the ovaries and testicles having control, in the human body, over local proliferations of epithelium; (2) That the removal of the tubes and ovaries has effect on the local proliferation of epithelium which occurs in carcinoma of the mamma, and helps on the tendency carcinoma naturally has to fatty degeneration; (3) That this effect is best seen in cases of carcinoma in young people, a class of case where the local removal of the disease is unsatisfactory.

TREATMENT OF ANKYLOSIS OF THE HIP.

Lorenz (Berliner Klinik, June, 1896) is opposed to the practice of subtrochanteric osteotomy in cases of osseous ankylosis of the hip joint. He asserts that by division of the femur below the trochanters the malposition of the lower limb cannot be overcome without further shortening due to the angular bend of the shaft of the femur at the seat of section. A much better treatment, it is argued, is subcutaneous division by chisel and mallet of the osseous bond between the head of the femur or the remaining portion of the neck of the bone on the one hand and the external surface of the ilium on the The operation as applied to the most frequent conditions of ankylosis of the hip, in which the head of the femur has been absorbed, called pelvi-trochanteric ostetomy. Several advantages are claimed for The ostetomy being this method. what is termed in a linear one the external wound, is very small, and the operation may be easily performed and produces very little disturbance of the soft spots. As the correction of the deformity is affected by an immediate attack on the angle causing the malposition of the limb, there is no interference with shaft of the femur, the length and

normal direction of which are still maintained. It is stated that no difficulty will be experienced in restoring the normal position of the limb if, at the same time, the adductors and the muscular and fibrous structures in front of the joint be divided subcutaneously. The relations of the surfaces of the divided bones to one another are very favorable to a restoration of the proper direction of the limb, whether this be fixed in a position of flexion, abduction or ad-The after-treatment duction. cases in which pelvi-trochanteric osteotomy has been performed is extremely simple, as there is no necessity for long confinement of the patient, who, by the application of a plaster apparatus to the affected limb and by elevation of the opposite foot on a patten, may be enabled to leave his bed on the fifth or sixth day. This operation, it is held, besides effectualy removing the fixed osseous deformity, will, provided the aftertreatment be carefully attended to, in all probability result in the formation of a movable joint and in the restoration of the seriously impaired muscular action of the limb. These conclusions are based on the results of six cases in which pelvi-trochanteric osteotomy has been performed by the author, full reports of which are given in this lecture.





ORIGIN OF MULTILOCULAR OVARIAN CYSTS.

Burckhard, of Zurich (Virchow's Archiv, vol. cxliv, Part 3, June, 1896), has investigated the origin of multilocular ovarian cysts, and concludes that all arise in the germinal epithelium, or from Pfluger's tubes, derived from them. The cysts appear to develop in fetal life as a true malformation. Burckhard canot find any evidence that a cystoma may develop in a normally formed ovary. The cutting off of cysts from the epithelial tubes is brought about by the underlying connective tissue, and not by an active growth of the epithelium. When a cyst is already developed it does not increase by the pressure of its contents, but by active hyperplasia of its connective tissue wall with a similar but secondary growth of the epithelial elements.

SUDDEN DEATH DURING ATTEMPTED ABORTION.

De La Touche (Sem. Gynec., June 23. 1896) describes a case of high interest, not only from a medico-legal aspect, but also in relation to intrauterine injections. A woman, pregnant for the seventh time, sought the aid of a female herbalist, who prepared a hot solution of salt and soap. The patient succeeded in introducing the nozzle of a syringe into the os uteri. On this point De La Touche observes that women in hospitals have repeatedly been found able to

pass sounds and catheters into the uterus with facility. In this case the herbalist pressed the ball of the syringe, but before half the injection had entered the uterine cavity she found that the patient had fainted. Death occurred rapidly. A judicial inquiry was held and the uterus carefully examined. The cervix was soft and patulous, the os internum admitted the tip of the forefinger. membranes were detached in the lower segment, but the placental zone was quite intact. There was no perforation or peritonitis; the fetus was well developed, and of the seventh month. The heart was some-Thus death seemed to what fatty. be due simply to syncope from a stimulus arising in the uterus. It was a phenomenal inhibition. Syncope has been observed after passage of sound.

PROLAPSE OF PLACENTA: FATAL HEMORRHAGE.

Chevillot (Anne Med. de Caen, No. 1, 1896) writes of a woman, aged 24, who suffered from almost constant flooding during the last month of her third pregnancy. Labor pains began and flooding became severe. The medical attendant, who lived far off, arrived after some delay, and found the placenta completely free in the vagina. He extracted it and delivered the child with forceps. The patient was extremely exhausted and died an hour later in spite of all efforts to revive her.

VENTRIFIXATION AND VAGINAL FIXATION.

Klotz (Centralbl. f. Gyn. p. 538, 1896) reports to the Dresden Gynae-cological Society that in 13 years he has operated on 279 retroflexions, with the following results:

The results of subsequent conception were:

Ventrifixation....182 34 13 15 5 1 2
And 1 case of extrauterine pregnancy after vaginal fixation.

He did not meet with any aftertrouble or difficulty in labor due to the operation, and he attributes the unfavorable experience of others to faults in technique. It is a mistake to fix the fundus or uterus too high in ventrifixation, or to attach the anterior wall of the uterus, uncovered by peritoneum, to the vagina. He practices vaginal fixation only when the uterus is movable—or can be made so by Schultze's method-or in connection with prolapse operations. In the latter he has seen very good Ventrifixation he only performs after laparotomy for other reasons, or when the adhesions require the use of the knife. He no longer secures the stump of one tube in the wound, with subsequent drainage, but uses two stitches in the line of the tubes and 1 cm. lower down.

TREATMENT OF INVERSION AFTER LABOR.

Abouladze (Sem. Gynec., May 26, 1896) recently introduced a discussion on this subject at a meeting of the Kieff Gynaecological Society. His patient was a primipara, aged 23. The midwife had pulled on the cord

and the placenta came away, followed by troublesome hemorrhage. Three weeks later a bleeding mass presented at the vulva. Complete inversion had occurred without prolapse; the Abouladze cervix was lacerated. employed a dilated bag, introduced into the vagina, and also made use of electricity, administering ergotin and cornutin. When reduction had commenced the lower part of the uterine cavity was plugged. In 27 days the patient was well. Abouladze maintained, in the face of opposition, that he was right in using these therapeutic measures to stimulate contractions. The two drugs were muscular stimulants as was electricity, and they were employed one after the other to avoid any cumulative action. Rein agreed with him that the hydrostatic bag pushed up the uterus steadily, without leaving the fundus invaginated after its reduction through the cervix. rectly the bag was introduced expulsive mins set in. The increase in size of the bag did not accelerate reduction; ergotin produced the desired effect.

THE EFFECTS OF LACTATION ON MENSTRUATION AND IMPREGNATION,

1. Of nursing women, 57 per cent. only have absolute amenorrhea.

2. Forty-three per cent. menstruate more or less, but 20 have absolute applications.

lute regularity.

3. Impregnation does not take place so readily during lactation as at other times, but this is not true to such an extent as has been imagined.

4. If absolute amenorrhea is present during lactation the chances of impregnation occurring are only six out of 100.

5. If menstruation occurs during lactation the chances are 60 in 100.

6. The more regular a woman is during lactation the more likely is she to become pregnant.

7. During a menstruating lactation the changes in the uterus are presumably similar to those connected with the ordinary monthly per-

iods, and the mucous membrane forms

a nidus for the ovum.

8. In the woman who does not suckle at all the menses appear, as a rule, some time in the first six weeks after delivery.

—Abstract of a paper by Dr. L. Rem-frey, before the Obstetrical Society, London.—Canada Med. Record.

THE PRONE POSITION FOR VER-SIOX.

Mensinga (Centralbl. f. Gyn., June 6, 1896) recommends the prone position for version. The genital canal is thus in a much more favorable position; the operator has more room, his arm is prone all the time, and his sense of touch and muscular feeling is much more exact than when, with the woman on her back, it is supine and some of the muscles of the forearm are twisted. The uterus is shortened and the os pressed into the pelvis; the vagina is also shortened and therefore more dilatable, so that the introduction of the hand is much facilitated. The os uteri is more easily passed, and the back of the hand resting the whole time against the spinal column, the proper way is indicated in which to lay hold of the child's extremities. For the patient the disagreeable position across the bed is avoided. She lies at full length, with a pillow below her thorax and her head turned to one side; the operator sits comfortably on a stool by the bedside. It is an advantage for him to be ambidextrous, so that there need be no turning the bed about. Such accidents as separation of the uterus from the vagina or embolism from the introduction of air into the womb do not occur. The operation is much less painful; the less the opposition the less the force required and the less pain and, what is more important, the less force the more delicate the sense of touch. The passage of the hand through the vulva is the worst part, and more painful than its presence in the vagina: the dilation of the latter tends to dilate the os, and it is seldom hard to introduce the hand into the womb; the shortening of the womb brings the parts toward the hand, which has not

to explore so far, and the woman has less of the sensation of "raking out her bowels." Chloroform is not necessary, but can be replaced by an injection of morphine if desired. The perineum is constantly in sight, though it cannot invariably be saved, as he gives a case to show. Mensinga has adopted this method for the past eight years, with increasing satisfaction.

AN EXPLANATION OF "SUPER-NUMERARY" OVARIES.

It is shown by Engstrom that an ovary may be pulled in two by the traction of inflammatory adhesions. This fully accounts for many "supernumerary" or "accessory" ovaries, though the author admits of a more genuine form. Of the first type was a specimen which he removed together with a myomatus uterus. The patient was fifty-three, and had suffered repeatedly from pelvic inflammation. The omentum and several coils of small intestine adhered strongly to the back of the myoma, and to the appendages. Both tubes were obstructed. There appeared to be two ovaries on the left side. On closer inspection they were seen to represent one left ovary drawn out in two pieces, thaugh still connected by a band like a piece of string over half an inch long. This band contained Graafian follicles. The inner part of the ovary lay in normal relation to the uterus; the ovarian ligament was well developed. The tissue was healthy. The other part of the original ovary was destitute of any ovarian ligament in an anatomical sense; much of its interior was occupied by a blood cyst, so that little normal ovarian stroma existed. Engstrom, however, declares that in the course of another operation for fibroid he met with a true congenital supernumerary ovary. A myoma was enucleated from the right broad ligament. The right ovary was 13-4 inches long and 4-5 inch broad, and was connected by an ovarian ligament with the uterus. Within an inch inferior and internal to it lav a second ovary, 1 inch long and 1-2

inch broad; there was a true and distinct ovarian ligament, and no trace of any inflammatory change in its neighborhood.

AN OPERATION ON A TUBAL CYST; STERILITY CURED.

On April 10, 1895, a tumor of the left ovary was removed from a woman, aged twenty-five, by Gersuny. It proved to be a tubo-ovarian cyst. The patient had mensttruated since 17, and had been married five years without conceiving. Gersuny found that the right tube ended in a blind, dilated pouch "as big as a walnut." The ovary was normal. There was no trace of peritonitis. The tubal sac was incised at the point where it touched the ovary; dark fluid escaped, and the mucous

membrane was found perfectly healthy. The ovary was invaginated (excepting a small port of its substance attached to the broad ligament) into the hole made into the tube, and the edges of the hole were sown to the ovary by interrupted sutures. Then the abdominal wound was closed. The patient menstruated at the beginning of June, July and August, but no more after August. Gersuny saw her on November 25. She was in good health; the breasts were rather tense, the cicatrix of the abdominal wound dark purple in color, and the uterus spherical and as big as an orange. The fundus rose above the symphysis, and the cervix was very short. The experimental operation seems to prove that a tube after it has become succulated can resume its functions if its tissues have not been destroyed by disease.





PURULENT RHINITIS IN CHIL-DREN.

There is a general impression that purulent rhinitis is always due to a syphilitic, tubercular or scrofulous diathesis or to unusual uncleanliness. J. Homer Coulter believes that a stenosis in the nasal passage, with resulting change in the epithelium, is a more common cause than any of Purulent rhinitis must be carefully differentiated from the condition following adenoids, impacted foreign bodies, a sinus involvement, or a necrotic process. The serious results of purulent rhinitis are exhaustion of the epithelial cells and mucous glands of the nose, causing an atrophic rhinitis, change in the voice, pharyngitis, tonsilitis and bronchitis; there may be also gastric disturbance caused by swallowing the discharge, or indefinite septic symptoms, such as furunculosis, anemia, or the so-called lithemic conditions. The treatment is, first and feremost, absolute cleanliness by means of an alkaline antiseptic spray. -Chicago Med. Rec.

CANCER OF THE RECTUM.

Dr. George J. Monroe has obtained good results from the use of an injection of fresh slippery elm bark in water, the patient also drinking as much of the mucilage as possible with lemon juice.

-Cin. Med. Jour.

CARDIAC THERAPEUTICS.

Dr. William H. McEnroe's experience had been that, as a rule, better results were obtained from combining the heart tonics. By combining strophanthus, digitalis and nitro-

glycerin we got all the good effects of these drugs without their bad effects. The best remedy for attacks of true angina pectoris, in his opinion, was the nitrate of amyl, freely inhaled. For cardiac dyspnea and cardiac insomnia he knew of no better drug than some preparation of opium.

-Am. Med. and Surg. Bul.

THE ABSORPTION OF IRON PREPARATIONS.

It is a now generally accepted fact that inorganic iron preparations are practically worthless in blood therapeutics, while organic compounds exert varying effects in the ratio to their absorbability. The albuminate preparations have a certain degree of value because they supply—in loose combination—the components from which the system can compound the required form of iron, just as it is abstracted from all food. natural form of iron, as it is found in the tissues, and particularly in the liver, where it "comprises the reserve store for blood formation"—is ferratin, as substantiated by the studies of Schmiedeberg, Marfori and Filippi and confirmed by other equally high authorities, including Professor Chittenden, of Yale.

These investigators have proved that ferratin is present in all human organisms, that it is absorbed from animal and vegetable food, and is stored principally in the liver—"to feed the blood." When, therefore, the physician treats his anemic patient with carefully selected diet, exercise, hygienic measures, etc., he unconsciously enlists the aid of the digestive and other organs to manufacture the required ferratin from the food undigested. This is a laborious

task, because the organs are weak, and it is empirical practice, because there is too much uncertainty in trusting to the debilitated system to work its own recovery, even if useless inorganic iron preparations are added.

Schmiedeberg and Marfori having proved the identity and function of ferratin by conclusive physiological tests, which facts are now incorporated in text books and medical literature, proceeded to duplicate natural ferratin by a synthetic process, in order to make the product available for therapeutic use; they succeeded in combining tartrate of iron with albumen by a complicated chemical process, yielding an iron albuminic acid—of ferratin. This product is chemically and physically identical with the natural ferratin as it can be precipitated from pigs' liver (containing the highest percentage of ferratin among animal food) or spinach (highest percentage among vegetables), and further physiological and clinical tests have proved that this product is quickly absorbed and assimilated, supplying the requisite amount of iron to the blood without taxing the system, and increasing the appetite and quickly stimulating the vital power.

There is nothing vague about the claims for ferratin. It is a logical, scientific agent, designed on careful consecutive investigations by the highest international authorities, and it has clinically redeemed every promise made for it, by increasing blood corpuscles and hemoglobin, improving appetite and general well-being and markedly increasing body

weight.

Sajous' Annual for 1895 quotes the unqualified clinical tests and indorsements of ferratin of such authorities (in addition to the authors of the product, Schmiedeberg and Marfori), as German See, Jaquet, Banholzer, John Harold and Hugo Wiener—the formost therapeutists of Germany, Italy, France, England and Austria. In America ferratin has been indorsed in print by Einhorn, of New York; Fackler, of Cincinnati; Chittenden, of New Haven; Perekhan, of Chicago; Spencer, of Cleveland, and

verbally or in practice by hundreds of the foremost practitioners in all parts of the United States.

There are many iron compounds and blood tonics, all clamoring for preference; none has the scientific status, based on physiological investigation and proof and indorsed on clinical records by authorities of highest rank and unquestioned sincerity, as possessed by ferratin and duly recorded in all standard text and reference books of recent issue.

NOTE ON EUCAINE AS A LOCAL ANESTHETIC.

By Robert Brudenell Carter, F. R. C. S., Eng., Consulting Opthmic Surgeon to St. George's Hospital.

Dr. G. Vinci describes eucaine as possessing the properties of cocaine as a local anesthetic, but as being less toxic and as having no effect upon the pupil. The last statement seemed to me to be of practical importance, because a dilated pupil is an impediment to the performance of many operations upon the eye. It has long been my practice to neutralize the dilating effect of cocaine by a preliminary application of eserine, but this course is not entirely satisfactory. It is difficult to secure the precise degree of effect which is desired, while the eserine dilates the vessels of the iris and occasions free bleeding when they are incised. It also renders the iris tissue comparatively rigid, so that it is less easily drawn out of the anterior chamber. I obtained a supply of a 5 per cent. watery solution of eucaine hydrochlorate from Mr. Rogers, 327 Oxford street, and used it last week for a cataract extraction, the patient being a woman. Before my arrival the nurse had applied a drop of the solution within the lower lid every five minutes for six times and I found the eye perfectly insensitive. The pupil was unaffected and acted readily to light. There was scarcely any bleeding from the cut iris; there was perfect quiesence of the muscles and there was no pain. I asked the patient whether she had felt anything and she replied, "I felt something moving about my eye, but it did not hurt me." There was no pain afterward and healing was uninterrupted. I have since successfully used a single application of the same solution as a preliminary to the removal of a foreign body imbedded in the cornea.

In the original paper it is said that eucaine has been successfully used in dentistry and laryngology, and that solutions may be injected hypodermically without injury. My first experiments will induce me to use it again and for tenotomies as well as for iridectomy or extraction. It is said that the solution above mentioned may be sterilized by boiling, again and again if necessary, without undergoing decomposition or suffering any deterioration of quality.

-From the Lancet, London, July 11, 1896.

A HIGH REPUTATION SUSTAINED.

The Medical Times and Hospital Gazette, London, May 30, 1896, speaks so favorably of its experience with the American analgesic, antipyretic and anodyne, a preparation the medical profession has become accustomed to regard as one of the certainties of medicine, that we reprint below its words of approval, knowing them to be in accord with the consensus of opinion as expressed by the medical men in this country. "Antikamnia—under the name, a free translation of which is 'opposed to pain'—now being introduced to the profession in the United Kingdom, is an analgesic, antipyretic and anodyne drug which has already gained a high reputation in the United States. It is a coal tar derivative and belongs to the series which form the various amido compounds. It differs therapeutically, however, from most coal tar prod-

ucts in producing a stimulating, instead of a depressing action on the nerve centres, especially those acting on the heart and circulatory system; hence it may be administered, even in large doses without fear of producing collapse and cyanosis, as occasionally occurs after the administration of antipyrin and other similar analgesic compounds. It has been very largely used in influenza, hav fever and asthma, with good results; but its most markedly beneficial effects are experienced when administered in neuralgia, rheumatism, sciatica, headache and pain due to disorders of menstruation. As an antipyretic, it is recommended to given in doses of from five to grains every ten minutes, until the temperature has been reduced, or until 40 er 50 grains have been taken, after which the remedy should be given at intervals of greater length. To relieve pain it is recommended to begin with a five-grain dose; three minutes later the same dose to be repeated and, if the pain continues, a third dose to be given a few minutes after the second. In our practice we have not found it necessary to give the remedy at such short intervals. In the treatment of neuralgia and headaches we have had satisfactory results from giving five-grain doses at intervals of 10 to 20 minutes, until three or four doses have been taken. We may add that the drug is sold in tablets (three and five-grain sizes) as well as in the powdered form. former may be swallowed whole or crushed and dissolved in glycerine and water, or in an alcoholic menstruum. The powder is conveniently given in catchets, or dissolved in a little wine or aromatic tincture, combined with glycerine or syrup. The drug is deserving of trial, and those among our readers who have not yet tested it should write for a sample."





NITROGLYCERINE IN ANGINA PECTORIS.

Schott, of Nauheim (Therapeut. Monatshefte, March, 1896), has found that (1) it acts best in pure angiospastic forms of angina pectoris, not so well in cardiac pain due to aortic disease, and still less in stenocardia due to myacarditis, fatty or "weak" heart. It has very little action on the cramp-like pains due to aortic aneurism, and is often of no use at all in the pure motor neuroses of the heart: (2) its action on different people can never be predicted; (3) if toxic symptoms appear after a small dose it is best to discontinue the drug altogether; (4) if no toxic symptoms appear, gradually increasing doses can be given safely; (5) the form of administra-tion is important, as Schott has found it to be most active given in a liquid medium, and combined with tinct. capsici, spir. rect., and menth, pip.; (6) it acts surprisingly quickly and its action is generally at its height after two or three minutes; (7) it is generally necessary. when several small doses are without effect, to give larger doses. In some cases a single large dose acts best; (8) it is certain that much more than 1 mg. (1-65 of a grain) can be given as a single dose.

THE TREATMENT OF GASTRIC ULCER.

Cramer (Munch. med. Woch., June 23, 1896) speaks of the importance of the treatment of gastric ulcer by large doses of bismuth. He first refers to the various views held by different observers on the value of bismuth in this disease. Fleiner's method consists in washing out the stomach in the early morning, and introducing into it 10 to 20 g. of bismuth subnitrate in 200 c.cm.

of water; 50 c.cm. of water is run in afterwards. In five to six minutes the bismuth is deposited over the stomach, so that a clear fluid can be drawn off. The patient then remains in a position in which the bismuth is supposed to come best in contact with the ulcer for half an hour when he breakfasts. The results, according to Fleiner, are exceptionally good. The action of the bismuth is (1) mechanical, (2) physiological on the nerve endings, and (3) antiseptic. Symptoms of poisoning were never observed, even with very large doses of bismuth, although poisoning has been known to occur after the external application bismuth. Of course, caution necessary. The patient should told that the stools will be black. The author has employed Fleiner's treatment, with this exception—that the stomach tube is not used. He gives 8 to 10 g. of bismuth suspended in water on an empty stomach in the morning. A suitable position, as described above, is then adopted. Details are given of some 12 cases. Good results may be obtained with this treatment even when the patient is not on a strict diet. In 10 out of 12 cases the results could hardly have been more satisfactory. The author recommends this treatment, and especially in more chronic cases of gastric ulcer. Finally he refers to the wellknown difficulties of diagnosis in suspected cases of the ulcer.

STRANGULATION OF THE PENIS BY AN IRON SCREW NUT.

Weinlechner (Wien. klin. Wochenschr., No. 24., 1896) reported to the Vienna Medical Society the case of a boy of 14 who, having passed his penis through the lumen of a screw-nut two days before ad-

mission, had been unable to withdraw it. The peripheral portion was much swollen, and the foreskin very edematous, but micturition was not arrested. The hexagonal nut was 3.2 cm. in diameter by 2.3 in thickness, the lumen was nearly 2 c.m. across. His father had tried to remove it with a file. Four greased strips of linen were passed through the nut on four sides of the hexagon, and by traction on these while the central end of the organ was kept steady the nut was drawn off. The excoriation and swelling soon disappeared.

SARCOMA OF CECUM.

Homans (Annals of Surgery, July, 1896) records the case of a girl aged 5 who somewhat suddenly began to suffer from abdominal pain and emaciation. A movable tumor could be felt on the right iliac fossa. Laparotomy was performed, and the tumor arising from the anterior wall of the cecum was found to be adherent to the ileum and to have grown both into the wall of the cecum and into the ileo-cecal valve. It was successfully removed. Microscopically it was a small spindle-celled sarcoma.

PUERPERAL CONVULSIONS IN TWIN SISTERS.

Hanemann (Munch. med. Woch., No. 20, 1896) writes of twin sisters who both bore a pregnancy well and were delivered normally. Yet both were seized shortly after delivery with bad headaches and amaurosis, then with violent eclampsia. Subcutaneous injections of morphine arrested the convulsions in both patients. Some congenital irritability of the cerebral cortex clearly existed in both cases.

CENTRAL LESIONS IN THE FETUS AFTER DYSTOCIA.

Schultze (Centralbl. f. Gynak., No. 21, 1896) notes how in many cases of children suffering from mental or nervous diseases it has been found that at their birth labor was difficult, or at least prolonged.

Schultz and Pfeiffer, examining three infants which died shortly after delivery by forceps or turning, detected very evident nerve lesions. Multiple hemorrhages were discovered in the bulb, the medulla, and the cord. In such as survive, it is easy to understand the development of nervous diseases.

IS "COLLOID" IN THE PERITON-EUM MALIGNANT?

Toth (Centralbl. f. Gynak., No. 28, 1896) describes two cases of what terms "pseudo-myxoma" peritonei;" in other words, the free deposit of colloid matter, escaped from cysts, over the whole peritoneum, forming a gelatinous covering to the intestines and omentum. In one case the cyst was bilateral; one patient was 43, the other 51; both patients are free from recurrence. Backer described a similar case, where, as sometimes happens in colloid cysts, though the peritoneum was freely plastered with the material, no hole or laceration could be found in the cyst wall. It appears that the colloid deposit atrophies after the removal of the tumor.

MARMOREK'S SERUM IN SCAR-LET FEVER.

Josias (Sem. Med., May 20, 1896) bearing in mind the fact that most of the complications of scarlet fever are due to infection with the streptococcus, treated some cases with antistreptococcic serum. In the first period 49 children were injected with an average dose of 5 c.cm. of the serum obtained by Nocard from a sheep. Except urticaria, no bad symptoms were observed. In the secona period 96 children were injected with an average dose of 10 c.cm. of the serum, some, however, receiving as much as 90 c.cm. This serum was obtained from a horse, and was much more active than that from the sheep. Streptococcic abscesses at the seat of inoculation occurred in 4, lymphangitis in 8, polymorphic eruptions in 10, and purpura in 7 cases. As a result of this

treatment Josias thinks pseudomembranous angina, unaccompanied by suppurating glands, improved more quickly than usual. It had no effect, however, on suppuration, even though due to the streptoccoccus, and none on albuminuria, temperature, or the general course of the disease. The mortality in cases treated without serum was 5.81 per cent.; in those treated with serum from the sheep 2.08 per cent.; and in those receiving serum from the horse 5.31 per cent. Thus the lowest mortality was observed in those treated with the serum obtained from the sheep, which was the least active of the two.

ENLARGEMENT OF THE THY-MUS.

Biedert (Berl. klin. Woch., June 29, 1896) discusses this condition as a cause of death with croup-like symptoms, and records a case in an infant aged 10 months. In spite of the negative results of examination it was looked upon as a case of croup. A moderately pronounced projection of the upper portion of the sternum was, however, noted, and here the percussion note was also impaired. As intubation gave no relief tracheotomy was performed. Later attempts to get over the obstruction with a catheter revealed

an almost insurmountable resistance in the trachea. At the necropsy there was great swelling of the thymus, which projected against the upper end of the sternum. Some bronchial glands were also much enlarged. After the removal of the thymus there were no evident remains of the pressure upon the trachea, but there was no other obstruction whatever in the air passages. Sections of the thymus showed that both the follicles and the interstitial tissue were occupied by round cells, and that there was a greatly increased vascularity. This enlargement of the thymus has been found in other reported cases to be the direct cause of death. The author then refers to the relation between enlarged thymus and spasm of the glottis. Friedleben proved that a constant causal connection between enlargement of the thymus and spasm of the glottis could not be established, but his statistics showed that in fatal cases of spasm of the glottis a large thymus was more frequently found than a small one. The cause of death must lie below the larynx in cases of enlarged thymus, and is due either to pressure on veins with the consequent circulatory obstruction, or to pressure on the trachea and bronchi. In the case here referred to both factors were present.





ONE TO SIXTEEN "COLD" CURE.

R;	Menthol crystalgrs. iii.
	Acid boracicdr. i.
	Bismuth subnitdr. iss.
	Pulv. gum benzoindr. iss.
78.00	m-:4411

M. Triturate well.

Sig.—A pint from one to 16 times a day will cure a cold in the head without the suspension of labor or housing up. If you have been or thought of prescribing a fake remedy try the above combination, and you will at once become a

convert to a sound remedy.
DR. R. L. PATTERSON.

ACUTE CYSTITIS.

Dr. L. G. Baldwin states that relief can be obtained in 12 hours and often in a much shorter time by the administration of sandalwood oil, together with benzoic acid, and a cure is practically obtained in from two days to a week. The sandalwood oil is best given in capsules, five drops every hour or ten drops every two hours, until the tenesmus and almost constant desire to urinate is removed, which will usually be after two or three doses; then the interval may be lengthened, or better, the doses lessened as it is rapidly absorbed and eliminated, until at the end of a week it may be discontinued altogether. The benzoic acid is best given combined with birorate of soda, as-

Of this two tablespoonfuls should be given every three or four hours in water till the urine is acid in reaction as shown by litmus.

-Brooklyn Med. Jour.

CREOSOTE.

From it two very gratifying results are found: 1. It possesses undoubted power to relieve the foetor of the expectoration in foul-smelling cases of bronchiectasis and phthisical cavities. 2. In small doses (1 to 2 minims thrice daily) it promotes the appetite, and tends to stimulate the powers of digestion. Beyond this it

is not found that it modifies in an appreciable manner the ordinary course of phthisis.

-New York Med. Record.

INFANTILE DIARRHOEA.

Dr. J. E. Thompson recommends the following prescription:

R. Creosote gtt. ij
Oxide of zinesch. iv
Acacia mucilageoz. ij

Mix thoroughly. Dose, one teaspoonful often enough to keep the bowels restrained. The creosote may be increased to two drops to the ounce of the mixture, when it is well borne and the fermentation is very great, which is indicated by soapsuddy discharges. Opium should be used very carefully. Just before the child takes nourishment give from three to five grains of Taka Diatase.

—Medical Review.

TREATMENT OF SURGICAL SHOCK.

In an article on the above subject Dr. E. Boise gives the following resume: First, the inhalation of nitrate of amyl, not only while the patient is on the operating table, but repeated at intervals until the full effect of other remedies is obtained. Second, the hypodermic injection of nitroglycerine in doses that ordinarily would be almost toxic. With this, if the case be not urgent, rectal injections of hot saline solution repeated as often as the bowel will tolerate it. If the case be urgent the fluid must be thrown into a vein. method is of the utmost value. Finally, sulphate of strychnia administered hypodermically in doses regulated by the indications in each case. The author also refers to the administration of one or one and onehalf grain of codeine hypodermically, just before the anesthetic, to anticipate the occurrence of shock, and in a measure to prevent it in severe operations.

-Amer. Gyn. and Obstet. Jour.



HINTS TO HOUSEKEEPERS.

Instead of keeping ice in a dish where it will quickly melt, tie flannel loosely on the dish so that it drops into the bowl, and keep the ice in a flannel bag.

In washing grained woodwork use clear water or weak cold tea. Where there are finger marks to be removed, such as around the doorknob or on the window sill, a little fine soap may be used, but only just enough to do the work, for soap should not be used on this woodwork if it can be avoided.

To remove the smell of onions on the hands ground mustard, slightly dampened, rubbed thoroughly on hands, after which wash with sand soap.

The rubber rings of fruit cans will recover their elasticity if soaked for a while in weak ammonia water. This is quite an item when canning is being done, and the rubber rings are found to be stretched out of shape.

Wash willow furniture with warm water and castile soap, wiping very dry with a soft cloth, then dry in the sun or near a fire. To bleach it, after washing in warm suds, set in a box without drying, put a small dish of burning sulphur inside and cover the box for half an hour.

The latest reading in lamp regulations precludes any trimming, but

instead a scraping off of the charred wick with a visiting card, and a clipping then of any loose strings that may remain. The corners should be clipped off somewhat as the finger nails are shaped by a manicure, and with this daily treatment the wick should give no trouble. Black, sticky burners will be restored to almost pristine freshness by boiling them in vinegar to which two teaspoonfuls of salt have been added. And, lastly, polish the chimneys with a cloth dipped in alcohol, touching no water to them.

The latest card cases and pocketbooks are made from a leather that is called elephant's hide. It has rather a rough surface, and is of a light tan color. They are mounted at the corners in dull gold, or have a plain gold band around them, headed by a narrow beading.

In Swiss and German farmhouses bread baking is done only once every three weeks, and such a thing as stale bread is unknown. bread is put away in a peculiar manner, which tends to preserve its freshness. Sprinkle flour freely into an empty flour sack, and into this pack the loaves, taking care to have the top crusts of two loaves touching. When they have to lie bottom to bottom sprinkle flour between them. Tie up the sack and hang it up in a dry, airy place, where it can swing. The day before the loaf is wanted take it out, brush off the flour, and stand it in the cellar over night. Treated in this manner bread remains good several weeks.—Boston Budget.

Copper gauze is more durable for the window and screen door used in seaside cottages than the ordinary wire netting.

When grease is spilled on the kitchen floor or table pour cold water over it instantly. By so doing it will harden, instead of sinking into the pores of the wood, and can be easily removed.

Dyed palms are very decorative as a frieze in a summer room, and are not very expensive. A cool living room in a seaside cottage has the walls covered with gray fishnet, with palms used as a finish.

A stone crock or box of tin with a cover, preferably the first, is the only safe place in which to keep cloths that have been dipped in oil or turpentine and used for polishing floors or furniture.—Chicago Record.

CARE OF THE OILCLOTH.

An oilcloth may be made to last many years by touching up worn spots with a little oil paint that matches the color and a coat of good copal varnish once a year (that is often enough) is well. Never scrub oilcloth, but wash it with a soft flannel cloth and lukewarm water or cold tea. Warmed skim milk is a good wash, as it brightens, cleans and preserves the cloth. Twice a year clean off quickly with hot soapsuds, dry thoroughly and then give a washing with skimmed milk or varnish. Crude petroleum or even kerosene is also good for brightening or cleaning. Dip a flannel rag in the oil—use just a corner of the rag-and rub briskly with it. This should be done after washing the oilcloth. Use but little oil and rub dry. Coal oil, as well as all petroleum products, soon evaporates,

its chief use being in its cleansing qualities.

To clean linoleum take equal parts of olive oil—which is usually cottonseed or peanut oil—and sharp vinegar and rub well with a flannel rag. If dirty, first wash the linoleum with soap and water, or, better still, cleanse with kerosene oil, or with water containing a little turpentine. Soda is bad for linoleum, because it readily attacks oil and paint, of which lineoleum is largely composed.—Table Talk.

BEAUTY SLEEP.

Do we not all know the folly of keeping late hours, and has it not been said over and over again that an hour's sleep obtained before the bewitching hour of 12 is worth three or four hours' sleep obtained afterward? But do we, any of us, go to bed any earlier in consequence?

Truly it has been said that this is the beauty sleep, for if we do not go to rest in the early hours we cannot possibly obtain the sleep that our tired bodies and wearied, worn-out minds require, and are consequently cross, fretful, pale and languid the next day.

If these late hours are continually kept the necessary strain which we are putting ourselves to, both mentally and bodily, will very soon show its effect, and our health will soon

become seriously impaired.

Many people, it is true, cannot get that early rest which is so beneficial to health, on account of their having to work late at night. In such cases it is well for these people to lie in bed later in the morning, or, if this is not practicable, it is a good plan to get an hour or two's rest in the afternoon, and by so doing be fresh and ready for work again in the evening.



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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 Betz Building, Philadelphia. Pa.

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BY, JOSEPH EICHBERG, M. D., CINCINNATI, OHIO.

Mr. President and Gentlemen of the Obstretrical Society of Cincinnati-A large part of the interest connected with the subject of gall stones from a medical standpoint has to do with the etiology. The work of Charcot has cleared up much that was uncertain in this direction. It was found that gall stones occurred more frequently in women, and chiefly during the sexual life of women, from the 20th to the 55th year. The predisposition to the formation of gall stones was traced largely to the function of gestation and lactation, in which there is a physiological tendency to the accumulation of fat at a time when the woman is likely to take little physical exercise. It was probably for the same reason they were found to occur in persons who in early life suffered from acute articular rheumatism, the accompanying valvular lesion neforcing a quiet life. This would keep them from the more vigorous movements later on. The formation of gall stones was found also to be more frequent in the victims of lithemia. Obesity seemed to be a predisposing cause. Here again there was a lack of exercise and an over-indulgence, particularly in the amylaceous products. The bile retains its solution largely by reason of its strong akalinity. In making post-mortem examinations, when gall stones have accidentally been found, it has been ascertained that the alkalinity of the bile was almost invariably reduced, and frequently it was neutral, or even fee-bly acid in its reaction. The principal ingredient of gall-stones we know is cholesterin, which probably forms 90 per cent.of the total ingredients of biliary calculi. It was supposed for a time that the gall-stones were formed in consequence of an excess of cholesterin in the bile, but

^{*}Read before the Cincinnati Obstetrical Society, March 19, 1896.

now it has been shown from the contents of gall bladders taken from post-mortem tables, as well as the analyses of bile from fistulae, that the proportion of cholesterin remained the same in cholelethiasis as in normal bile. Now some experimenters would find the cause in the secretion of a thick and viscid mucus, which forms the nucleus of the gall stone. Support to this theory is lent by the fact that if a gall stone is divided by a fine saw it is found to be formed of three layers, the inner layer being composed of a thickened, crystalline substance, or else an opening, as if the stone had been formed around a hole. I think there is little doubt at the present time in the minds of those who have investigated this subject, that the excess of mucus in the bile would act like a foreign body in any saturated saline solution or as the thread in syrup in making rock candy, giving a nucleus about which the crystallization of dissolved substances can take place.

The diagnostic points in connection with biliary calculi have been brought out to some extent in the papers we have heard this evening. Special stress has been laid on the absence of jaundice, and rightly so, as well as on the exceptional location of the pain. I would call attention to a sign of some importance. In cases which have come under my own notice it was always possible within twelve hours after the occurrence of an attack, to find some trace of bile coloring matter in the urine. It is supposed the colic is caused, not by the stone in the gall bladded, but by the stone being in the duct. Its location in this particular spot gives rise to temporary obstruction. This, coupled with muscular contraction of the gall bladder, forces some bile into the lymphatics, and thereby causes the appearance in the urine within twelve hours of a sufficient quantity of bile coloring matter to be recognized by a careful examination. I would agree with most of the gentlemen who have presented papers this evening that the diagnosis of gall stones is not made sufficiently often. Pains,

which are often ascribed to other causes, are frequently traceable to gall stone. The hepatic, intermittent fever, it has been claimed, never appears unless there is an inflammation at the same time of the bile ducts extending up into the substance of the liver, as well as affecting the larger ducts themselves. Cases have occurred in which, on post-mortem examination, the liver has been found the seat of disturbance, where the diagnosis was missed during life owing to the marked fever. It often would lead to elevations of temperature, 103, 104 or 105 degrees. Taking into account of the sex of the patient, the condition of obesity, sedentary habits, excesses, particularly in the direction of starchy or saccharine foods, and an inherited tendency to gout, or a previous rheumatism, the pain should not leave us long in doubt. It is important the diagnosis should be made early these cases, because in many stances it is possible by purely medical treatment to overcome the difficulty.

The medical treatment of cholelithiasis resolves itself into the medica! treatment of the attack the medical treatment of and the interval. I wish to phasize the importance of feature, because the cases usually come under the care of the physician primarily, and because most of these cases do not present distinct tumors unless there be a decided obstruction in the common duct. obstruction of the cystic duct blocks the channel in both ways and converts the duct into a cyst. Therefore the early recognition of the true nature of the cause is of the very greatest importance. The treatment of an attack resolves itself largely into a treatment of the pain, for which there is nothing better, of course, than morphia. The old-fashioned formula of turpentine and ether derives its therapeutic principle from the ether, which serves as a diffusible stimulant, and not as a solvent of the calculus. But in the intervals of the attacks much can be accomplished by general measures. By diminishing the concentration of the bile, we lessen just by so much the tendency to deposit some of its solid ingredients. This can be accomplished easily by alkaline mineral waters, which not only increase secretion, but also maintain the alkalinity of the fluid, and thereby lessen the chances of precipitation. Each country is partial to its own alkaline spring, but perhaps there has been no water which has attained a greater reputation than the Carlsbad spring, in Bohemia. In the neighborhood of this city I think there is a water, the French Lick Springs, which can accomplish just as much as the Carlsbad water. A strict regulation of the diet is a matter of very great importance, a regulation both as to quantity and quality. As has been noted in the history of the cases reported this evening, the most prominent symptoms are gastric in character; nausea and distress after taking food, a vague pain in the stomach. By giving the stomach rest between meals and not overloading the stomach with food it cannot master, we place the liver in a better position. The starchy foods should, if possible, be prohibited entirely. I have in mind a case of hepatic colic, occurring in a young wo-. man after her first pregnancy, who, according to direction, abstained entirely from starchy food for one year, during which time she took horseback riding, frequent hot baths and mineral water. She has not had an attack since. It is true the cholesterin found in the bile is not obtained entirely from the starch or fatty foods, being formed from organic compounds as well. But if we overload the stomach with starch and fat, we favor the development of a fatty infiltration of the liver, with consequent functional impairment cells, and alteration its biliary secretion. Propof the exercise is to be associated with dietary restriction. relief of the condition on which the formation of gall stones depends can thus usually be accomplished. As to the solution of the stones already formed, we cannot promise so much. As to the solution of the stones Atao posed for this purpose. But we met

with the same difficulties here that we do in the urinary bladder. Because solvents will dispose of concretions in test tubes, it does not follow that a test solution will accomplish the same purpose in the economy. The mixture of ether and turpentine was first given for this purpose, but this has long since been given up as being of comparatively little value. The salicylate of soda does more to produce a chologogue effect and assist in the dissolving of small stones; dose, 30 to 35 grains daily. The stones probably under increased biliary pressure are forced out. The use of olive oil, which has been largely recommended, particularly in the South, and the ingestion of which in large quantity has been supposed to result in the passage of biliary concretions, is not sanctioned by practice at the present time. The quantities taken are enormous, and usually prove nauseating. The masses passed are simply the more insoluble fatty principles of the oil, which pass through the intestinal canal.

There is another point to which I would like to direct attention from a medical standpoint. I am inclined to believe gall stones after the 50th or 55th year are probably more frequently associated with malignant diseases than has hitherto been recognized, and I believe they are associated with malignant disease in more or less of a causal relation. An autopsy I saw at the City Hospital is strongly confirmatory of this fact. A patient died of carcinoma. The hepatic and common ducts were free and patulous and the patient had had stools of normal color all his life. The gall bladder was completely occluded and converted into a cvst about the size of a hen's egg, containing a perfectly clear fruit. The cystie duct was obstructed by a calculus, and around this calculus there had formed a malignant growth, which extended from the cystic duct to the substance of the liver. gave rise to a secondary enlargement there about the size of an orange. Gall stones early in life probably do not produce such a result, but in gall stones after the 50th year I think an operation is more necessary than in

earlier years because of the danger of a carinoma developing from irritation of the calculus. It is wonderful how much biliary colic may exist and suddenly all of the symptoms entirely disappear. I believe this is usually due to an ulceration whereby the stone finds its way into the small intestine and allows a free passage of the bile, so that all the symptoms, including the jaundice, are no longer present. I remember two cases of jaundice, present in one case three years, in another eighteen months, when, after some fever and considerable pain, the jaundice permanently disappeared and the condition of the patients improved very materially.

There is one other condition I would like to call attention to, and that is the care of the intense, almost intolerable, itching of the skin, Many cases complain of nothing so much as of this intense cutaneous itching, which disturbs their rest by night and gives them no peace by day. An old treatment is the administration of calomel in one-half grain doses for six or eight days, the doses repeated every two hours, so the patient takes six grains of calomel in the day. It rarely results in saliveation, frequently causes the passage of greenish stools, and promotes more rapid evacuation of bile. This treatment has been lately revived and very excellent results are claimed for it, especially by German observers.



VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

POSITIVE AND NEGATIVE PRES-SURE AS A HEMOSTRATIC AGENT IN HEMORRHAGE.

The essence of about all our mechanical agencies for the control of the bleeding is pressure, applied in a great diversity of ways. The simplest and most effective is digital, which, when applied deliberately by a skilled hand, may be depended on to control a leak from any of the larger vessels, as well as the smaller ones, outside of the trunk, or the cranial cavity. It can be maintained, however, but a few moments, when the hand becomes fatigued.

This description of pressure in degree is of two kinds: viz., positive and negative. The former is imperative for arteries and the latter for

veins.

For any of the arteries of less calibre than the radial, except those of the palmar or plantar arches, we may succeed by digital pressure in an open wound, to arrest the hemorrhage. Under ordinary circumstances, nevertheless, rather than take chance on secondary hemorrhage, it will be safer to immediately ligate.

This description of pressure, during the act of operating, is the surgeon's sheet-anchor.

With a full and well-assorted equipment of instruments and an ample corps of well-trained assistants standing around him, the operator needs to give but little thought to hemorrhage; but the greater number of operations are performed by general practitioners, many of whom are called on to operate without any methodical surgical training. This is especially true of emergency traumatisms, etc. And, again, the

most expert may be called into the country to operate at short notice, where, perchance, he finds, on his arrival, but one assistant, with an indifferent nurse. Under these circumstances one must make the best of it and proceed with the case.

Pressure suffices alone in nearly all small, superficial incisions, through the skin and the superficial fascia; in most situations, until we penetrate the muscular planes or pierce the dense fascias. We may proceed with more celerity by clamping up anything that bleeds, though

this is not indispensable.

The paramount value of positive digital pressure comes in when the scalpel divides a vessel of considerable magnitude, and one is unprepared for it, or a novice is at operating. The proximal end of the vessel in an instant sends a jet of blood up into the operator's face or over his head, across the room. At this critical juncture the inexperienced is apt to become "rattled," and clutches blindly at everything with clamps, but the mouth of the vessel is now drawn up and hidden in an atmosphere of loose connective-tissue. Right here the work of subduing such a hemorrhage should occupy but a second or two. Keep well in mind the anatomy of the parts and the occasional anomalies. The tendency of the divided vessel is to mount upward; press it farther up, still, and press it firmly against the osseous, or resisting surface, as a bone-shaft or a joint; gauze, sponge or any description of textile fabric in the hand.

With the wound firmly packed and jammed by the hand a moment's time is permitted for one to decide

on the next step.

Theoretical and practical operative hemostases are, indeed, widely different. If a practitioner for the first time undertakes anything in the nature of a capital operation, no matter how ample may he his theoretical knowledge of technique, or elaborate his armamentarium of instruments, he will consult his own interests and those of his patients if he bring along a surgeon or a practitioner of some experience in surgery.

The importance of this injunction was well illustrated in a case related to me, not long ago, by one of our

best-known surgeons.

A young practitioner of considerable promise, from out of town, came to him and requested his presence at an operation, stating that while he was not desirous of special assistance, the patient was somewhat apprehensive; and, besides, the presence of so well-known an operator would tend to enhance his prestige among the village neighbors.

After some hesitation and no little reluctance, considering his rather ambiguous position in the case, my friend consented, and a few days later went into the country to meet

the doctor.

The case was one of mammary epithelioma. As there were three assistants the city visitor intended to simply stand by as a spectator and offer any suggestions requested.

After all necessary preparations were made the excision was begun. and everything went on auspiciously until the axilla was being approached, when a great gush of bright, arterial blood shot up, and in a moment everything was being deluged. In vain were clamps applied to everything likely to be an artery. Seeing that signs of dangerous collapse were settling in and prompt action must be taken, the surgeon seized the patient's arm. brought it quickly into a plane with same axis as the body, seized a wad of gauze and tamponned the wound. No more blood was lost. It found that an unusually large, long thoracic artery had been divided.

Denonvilliers records a case of somewhat similar character, in which an operator lost his head, and,

thinking that he had wounded the axillary artery, ligated it above the tendon of the latissimus dorsi. The following day gangrene set in, and the patient sunk; when it was discovered that it was the sub-scapular artery which had been divided, the main vessel being untouched. Direct and positive digital pressure is a most potential means of damming back the arterial tide, in open wounds; but to be effective it requires a cool head, anatomical knowledge and something more than a theoretical notion of operative hemorrhage.

Our esteemed and aggressive contemporary, the Cincinnati Medical Journal, very properly takes to task the Philadelphia Polyclinic for a slander contained therein on the extra mural practitioner. "County Surgery," the Pennsylvania Journal, says, "is no surgery." This is, indeed, strong language, without shadow of truth to support it; for many of our most brilliant and eminent surgeons were first grounded in the practice of surgery before they turned their faces towards the metropolitan centres, and in every State and Territory in this great continent of ours, no town or village of any importance is without one or more practitioners thoroughly capable of dealing with nearly any description of surgical operation. But the city brethren are jealous and apprehensive lest their suburban supplies be reduced or cut off; as they most certainly soon will be, when every village has its own local hospital and trained operators. The foundation of successful or safe operating is a mastery of hemorrhage. The text-books, while dealing with this subject in a sort of perfunctory manner, seem to deliberately pass over the vital, underlying principles for its attainment. Let the country surgeon then, by experimentation, study and clinical observation, first master this fundamental step in operative hemorrhage direct, digital compression in open wounds—that he may repudiate the stigma cast upon him by his rival city brother, over-inflated by a sense of his own importance.

CONDITION IN HYPNOTISM. MENTAL THE

BY EDWARD C MANN, M. D., NEW YORK.

Dr. D. Hack Tuke, in his address on this subject before the Medico-Psychological Association in London, February 21, 1883, said that he had tried to form a clear idea as to the cerebro-mental condition of hypnotized persons. The data upon which we have to form an opinion or construct a theory are:

1. The condition necessary to in-

duce the state in question.

2. The objective symptoms of the hypnotized so far as we can observe

them, and,

3. The subjective state experienced and described by himself (the hypnotized person), in those instances in which memory, more or less distinct, is retained of what has been present to the mind during the hypnotic condition.

1. As to the condition necessary to induce the hypnotic state.—Star-

ing at a disk or some well-defined object is a very frequent method. Other methods are also effective. The monotonous sensory impressions produced by passes, by counting up to several hundred figures, by listening to the ticking of a watch, etc. We may throw ourselves into a hypnotic state in attempting to go to sleep. The principles common the various modes of hypnotism are on the physical side, the stimulation, more or less prolonged, of a sensory nerve in close relation to the brain calculated to ultimately exhaust some portion of that organ, and on the mental side, the riveting the attention on one idea. Looking at an object is not essential, for a blind person may be hypnotized, and in susceptible persons the merely expecting to be hypnotized is sufficient to induce it, the expectation in this case involving the concentration of the attention to one point.

Mr. W. North, lecturer on physiology, at Westminster Hospital, thus describes his own feelings while hypnotized: "I have not the smallest doubt that at first I succeeded in abstracting myself, as it were, from surrounding circumstances. I had been reading very hard for days past on the subject of intestinal digestion in relation to the bacteria produced, and I pictured to myself the interior of the intestine and its contents; then I tried to picture a special form of bacteria, and while I was engaged in contemplating its changes of form I seemed to lose all consciousness of persons around me." On a subsequent trial being made he looked at his boot, and thus described the process: "I ultimately succeeded in fixing my attention on six points of light reflected upon my boot and having some minute resemblance in position to the constella-After looking fixedly tion Orion. at this for what secmed to me a very long time, the idea of the constellation vanished, and its place was taken by the outline of the lower part of the face of a friend. All I could see was his beard and mouth and part of his nose and one cheek, the rest was cut off by a broad black area; the details were tolerably vivid."

The voluntary surrender of the will—the subject placing himself passively in the hands of the operator, is also an important factor in nearly all the processes. It is the initial step to the subsequent abandonment of the will of the subject to that of another. M. Richet, of the Salpetriere, has shown that the subject may be surprised and even rendered cataleptic the moment his attention is in the least arrested. He is seized and, as it were, instantaneously petrified, whatever efforts he makes to resist the influence. M. Richet constantly produces hypnotism by throwing a brilliant electric light upon the face of persons not

^{*}I would define hypnotism as a morbidly profound sleep of the cortex of the brain while the basal ganglia remain unaffected and in their normal condi-

expecting it, or by striking a gong which had been concealed. An hysterical or neurotic subject has been transformed into a statue by a blow on the concealed gong at the Sal-

petriere.

2. The Objective Symptoms of the Hypnotized.—These vary with stage or type. Charcot, Richet, Tamburini and Sepelli recognize three fundamental types, the cataleptic, the lethargic and the somnambulistic. In the first the limbs retain the positions in which they were placed for a considerable time and without effort; in the second (the lethargic) the muscles which are relaxed are found to have the remarkable property of contracting in a most definite way under gentle mechanical application; in the third (the somnambulistic) the state of the subject answers much more to what is understood as the so-called magnetic or mesmeric sleep. traction of the limbs can be produced, but they are of a different character from those in the cataleptic form, or the excitability of the muscles in the lethargic state.

Pupils.—The pupils exhibit strabismus and contraction and afterward are widely dilated and sluggish, an indication of the functional activity of the medulla, as regards the sympathetic as well as the

respiratory centre.

Cerebral Circulation.—Ophthalmoscopic examination by Professor Forster of Heidenhain's patient showed that there was no contraction of the vessel as Heidenhain expected to find, as his theory had been that anemia caused the sleep. That hyperemia of the brain is not inconsistent with hypnotism was proved by hypnotizing a gentleman (Heidenhain's brother), who had inhaled nitrate of amyl. The respiration and pulsation are quickened at first. Professor Tamburini used the pneumograph, and he found the frequency of respiration to be doubled at first and the inspiratory pause suppressed. These tracings are useful in detecting simulation. With the cataleptic subject the tracing is uniform in character from beginning to end. With the simulator, on the

contrary, it is composed of two distinct parts. At the beginning respiration is regular and normal; in the second stage, that which corresponds to the indications of muscular fatigue, irregularity in the rhythm occurs with deep and rapid depressions, manifest indications of the disturbance of the respiration caused by the effort to simulate. Professor Tamburini made careful pulse tracings also. The rise in the pulse is 100 per cent. The myograph, the pneumograph and the sphygmograph are most valuable means placed at our disposal by invention for obtaining trustworthy records of the objective symptoms of hypnotism. There is The tenheightened reflex action. don reflexes may be normal or exaggerated. Richer states than in the lethargic type they are much exaggerated, in the cataleptic type they are diminished, and in the somnambulistic type normal. There is galvanic reaction.

3. Subjective Symptoms Described.—Sensation of pain is deadened or suspended. Anesthesia is produced. Mr. North said that a pin plunged into his hand nearly up to its head felt as if a match or some blunt instrument were pressing against his hand. When he was roused it hurt him considerably to withdraw the pin. The special senses are interfered with or abolished. They may be either heightened or abolished in different cases. Sight is partially affected. The subject sees, though confusedly, that which is immediately around him, but has a very vague or no perception at all of what is beyond this Some subjects describe a play of colors before the eyes. Hearing is not affected. Taste is suspended. There may be no unconsciousness whatever in some instances, and the subject may appear like other people. A certain sus-ceptibility to impressions on the mental side and to rigidity of the limbs on the physical side may be all that marks the state of the subject. Is it that the cerebral cortex is just sufficiently weakened in function to have lost its supremacy without

parting with its more secondary offices?

Volition.—There is no spontaneity in hypnotized persons. Volition is suspended.

Extreme Susceptibility to Outside Suggestions.—The subject hypnotized is without any will power, and at the mercy of any suggestions, however absurd. Hallucinations are easily induced. A person may eat heartily while hypnotized and their visceral sensations will not suffice to inform them, so that they will wish for the next regular meal as if they had not eaten. Richet, of France, says: "The somnambulist has a perfect memory, a very lively intelligence and an imagination which constructs the most complex hallucination." The great fact in mesmeric sleep is that will and consciousness are suspended and the brain placed in the condition of the true spinal or reflex system. is a reduction to a mere automatic Heidenhain holds that condition. the cause of the phenomena of hypnotism lies in the inhibition of the activity of the ganglion cells of the cerebral cortex by prolonged stimulation of the sensory nerves of the face, or the auditory or optic nerve. A sensory nerve may certainly inhibit the brain centres and this inhibition is the starting point of hypnotism.

Conclusions.—1. There may be consciousness during the state of hypnotism, and it may pass rapidly or slowly into complete unconsciousness as in the somnambulistic state, the manifestations not being dependent upon the presence or absence of consciousness, which is merely an epiphenomenon.

- 2. Voluntary control over thought and action is suspended.
- 3. The reflex action, therefore, of the cerebral cortex to suggestions from without, so long as any channel of communication is open, comes in play.
- 4. While the consciousness is retained the perception of the reflex or automatic cerebral action conveys the impression that there are two egos.

5. Some of the mental functions, as memory, may be exalted, and there may be vivid hallucinations and delusions.

6. Unconscious reflex mimicry may be the only mental phenomena present, the subject copying minutely everything said or done by the person with whom he is en rapport.

- 7. Impressions from without may be blocked at different points in the encephalon, according to the areas affected and the completeness with which they are hypnotized; thus an impression or suggestion may take the round of the basal ganglia only, or may pass to the cortex and, having reached the cortex, may excite ideation and reflex muscular actions, with or without consciousness, and wholly independent of the will
- 8. There may be in different states of hypnotism exaltation or depression of sensation and the special There is a peculiar abnormal mental condition presented in hypnotism, closely allied to mental disease, and full of interest to students of mental science. The subject has been scientifically studied by James Braid, of Manchester, in 1843; Esdaile, in India, in 1846; Girard Teulon and Demarquay, in 1860; Richet, in 1875; Charcot, in 1878, and in or about 1880 by the late Dr. George M. Beard, Drs. Weinhold, Preyer, Berger, Grutzner and Heidenhain and Dr. H. Charleton Bastian. We may fail at first with a subject and after a few trials he may make an excellent subject for experimentation. Bastian says that persons who have been once hypnotized can in general be again brought with comparative ease into the same condition, and the facility of hypnotizing such persons goes on increasing after each operation, owing to the existence of a predispos-A condition of ing mental state. excited expectancy is a decidedly favoring mental state.

The simplest condition necessary to induce the hypnotic or trancelike condition is to make the subject look fixedly for a few seconds at a bright object held by the operator at about eight to fifteen inches above the eyes, at such a distance above the forehead as may be necessary to produce the greatest possible strain upon the eyes and eyelids and enable the patient to maintain a steady, fixed stare at the object. We must tell the subject to keep his eyes steadily fixed on this object and his mind riveted upon the image of it. In some persons, after 15 or 20 seconds, we shall find a decided cataleptic state induced, so that the limbs have the tendency to remain in the position in which we place them, and if not we may gently re-

quest the patient to keep his limbs in the position in which we have placed them. The pulse now quickens and the limbs shortly become rigid. By prolonging this process we induce a profound sleep, or trance, in which there is complete anesthesia. Esdaile, in India, performed numerous operations on Hindoos with absence of all pain while hypnotized. The therapeutic value of hypnotism has never yet, been thoroughly tested, and the future may develop facts of much interest and value.





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OUTLOOK FOR THORACIC SURGERY.

Marvelous, indeed, has been the progress of surgery in the treatment of various lesions of the viscera in the cavities during the past thirty years. This has been specially conspicuous in the treatment of pathological conditions occupying the abdominal cavity, both intra and extraperitoneal. In fact, it can be scarcely said that, exclusive of the great vascular organs, there are any in the intra-abdominal areas beyond surgical exploration.

When we come to the other two great cavities, however, the case is vastly different, for the thoracic and cranial, in a large measure, defy the intrusion of the surgeon, except on their periphery, with either safety or success.

Horsely, Keen and others have led us to entertain great hopes for the future of intra-cranial surgery, yet, with the exception of conditions resulting from injury, we have been able to accomplish little in surgery of the brain.

Within the thoracic walls are lodged two organs, of all othvital to life: ers the most and heart, lungs of all others, the most commonly the seat of diverse pathological conditions. Besides, within the chest walls are two large spaces extending between the pulmonary organs from before backwards.

The posterior of these is of the greatest practical interest, inasmuch as through this, course the terminal divisions of the trachea, the esophagus and the aorta.

Within this area is most frequently lodged malignant disease of the gullet and interstitial suppuration of the mediastinal glands, and when impaction of the bronchi occur from the lodgment of foreign bodies, it may be with the greatest precision displaced. Since Dieulafoy invented

his aspirator every description of serous accumulation is now pumped out of the pleural-cavity, which were formerly left to disappear by the slower processes of resorption. Eminent surgeons in various places have endeavored to bring the treatment of many pathological conditions of the thorax within the domain of legitimate surgery. Notable among these are Drs. McFadden Gaston, of Atlanta, Ga.; Bryant, of New York; Stokes, of Dublin, and De Lorme, of Paris.

Our distinguished Southern conferre, Dr. Gaston, has given this subject special attention and opened up a new field, though we fear that his final experience will be like that of many who have engaged in it before him.

His practical work on the thorax, with his "trap-door" incision, like Bryant's and De Lorme's, was on the cadaver, as it appears, that on the living body he dare not vet venture it. The successful treatment of any grave lesion within the chest wall except by drainage in purulent effusions—is, in the present state of surgical science, little more than a dream. There are many formidable barriers in the way which we cannot overcome, do what we will. Surface division of the integuments over the chest walls is attended, as a rule, with great shock. The territories are highly vascular, many of the vessels concealed in grooves in bones, are difficult of access or ligation.

In cases of chronic empyema, tubercle is commonly present. Besides, what remains of the pulmonary tissue is crowded up against the clavicle into a small, compact mass, so that when the pus is drained away an enormous hollow cavity remains. Esterlander endeavored to overcome this difficulty by resecting the costal arches, even allowing the chest walls to fall in and obliterate the dead space. This, however, has only partially succeeded, and besides, leaves a most pronounced deformity in any event.

Kendall Franks has successfully tapped the pericardium for hydrops, and Emmerich has sutured the

wounded myocardium.

But let it not be inferred from the above rather pessimistic view of thoracic surgery, that very much progress in it has not been and is being made, but rather that it has its limitations, and that no one should undertake it without a full knowledge of the peculiarities of this region, with the anatomical and physiologic composition and action of the parts involved. Exact and precise diagnosis is the key to the situation. Too much or ill-timed operating on the thorax is worse than none at all. One instance came to our knowledge some time ago of a surgeon in the West who was paid five thousand dollars for opening an abcess. The patient was a wealthy merchant, who had for months suffered from obscure thoracic pain.

From one great authority he went to another, but no two were of the same opinion. One would have it that he had an aneurism, another a cancer, another caries of the spine, etc. But a free incision into the fourth intercostal space allowed issue of a gangrenous stinking mass of lung tissue. With iodoform, tampon and irrigation healing was prompt.

In this instance, as the dashing young surgeon will put it,"he did not charge this trifling fee for any operation, but for the diagnosis."

THE CONSCIENCE-STRICKEN MEDICAL NEWS.

From the very beginning of all this clamor about "nostrums" in Bellevue Hospital, although the "Medical Times and Register" has deplored the condition of things which permits the exploiting of secret remedies in public hospitals

or elsewhere and was the first to take the field in defense of legitimate medicine when this innovation was introduced, still it has some slight regard for fair play and consistency.

But why this everlasting pound-

ing at the Commissioners of Charities, whom the Medical News, the organ of the Medical Board of Belle-Hospital, sneers at composed of furniture makers, harness manufacturers and haberdashers; why persist in propagating and perpetuating the un founded charge and slander that they are in collusion with the "stock company" and deriving profit therefrom, while not a scintilla proof of these allegations wanting? It is true that all of the Charity Commissioners are business men, and no doubt some of them in early life did work as apprentices or as grocers.

This fling is as unwarranted as it is contemptible and is unworthy of our distinguished contemporary, the

News.

The Commissioners have neither swelled heads nor have they forgotten that "the duties of their offices do not involve the exploiting of secret cures for drinking."

It is true that many of the Bellevue patients are "poor and ignorant," on whom this new remedy is being tested, and of the same crowd that this Medical Board has been experimenting on, since the old City Almshouse was transformed

into a hospital.

The Medical News has indeed our heartfelt commiseration in its agonizing throes of sympathy for the outraged Medical Board, but how about its attitude toward this Medical Board one year ago, when it resolved itself into a band of pirates and plunderers, when through strategy and shadowy factics it dup-

ed the Commissioners into commiting an outrage on New York medical men unparalleled in the medical history of the city, a villainous scheme, condemned in unmeasured terms by all the other leading journals of this country?

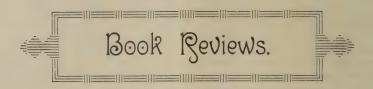
No! the News is on the wrong scent, it has the "sow by the wrong ear" in this nostrum matter, for the Medical Board of Bellevue, and not the Commissioners, are entirely responsible. As the Medical and Surgical Bulletin have it, "they held up others and now they are being held up themselves." A united, dignified protest by a body of medical gentlemen, for whom the "big-headed" Commissioners have the sincerest regard, would have long since put an end to the affair.

Dr. Oppenheimer, who has the work of testing the drink cure in hand, is no quack, but a physician who stands high in the community where he resides, a regular practitioner, doing in the hospital, under every safeguard, what must be done with all our most valued remedies until their merits are fully tested.

The attitude of the Commissioners in this whole transaction is fully set forth in the manly letter of Commissioner James R. O'Bierne, lately published in full in the Journal of the American Medical Association. From that it will be gathered that neither he nor his confreres will be swerved from their course of duty by menace or Billingsgate, however loud or clamorous.

P. S. We now learn that the "cure" has been driven out. Now let the Commissioners turn their attention to the medical board.





Twentieth Century Practice. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York city. In twenty volumes. Volume VIII. "Diseases of the Digestive Organs." New York: William Wood & Co., 1896.

It is announced by the publishers that this volume, as was the case with volume 6, comes out in advance of volume 7, but practically no one will regret the delay of the latter which hurries forward a volume on diseases of the digestive organs.

This volume opens with a chapter on the diseases of the mouth by Mikulicz and Kummel, in which all the diseases which may occur therein are minutely detailed.

Diseases of the Oesophagus by Professor R. H. Fitz, of Boston, follows. It is necessarily short yet practical, there being comparatively few diseases in this region.

Max Einhorn treats of diseases of the stomach, going into the minute details of diet, functions, examinations and neuroses, with treatment both medical and electrical. This chapter would make an excellent treatise of the subject by itself.

Diseases of the pancreas by H. Lee, of Bonn, is the next chapter in order, but occupies only a small portion of the book.

Diseases of the peritoneum, by B. F. Curtis, of New York, is a chapter of considerable importance, inasmuch as the treatment of these diseases have undergone a change in the past few years. Dr. Curtis goes into the special forms of peritonitis including appendicitis and perforations of intestine from various causes.

Animal parasites forms the subject for a chapter by J. C. Huber, of Bavaria, which is exhaustive, but the treatment of the diseases caused by these parasites is left for J. M. French, of Cincinnati, to discuss in the closing chapters of the work. This volume forms probably the best work on diseases of the digestive tract which has been placed on the market of late years, and is, perhaps, the best volume of the series so far published.

BOOKS AND PAMPHLETS RECEIVED.

The Practice of Pharmacy as a Liberal Profession, by F. E. Stewart, M. D., Ph. G., Detroit, Mich. Chicago: American Medical Association Press, 1896.

Management and Treatment of Tuberculosis in the Asheville Climate with Report of Cases, by James A. Burroughs, M. D., Asheville, N. C.

"Aeroporotomy," etc., etc., by S. W. Kelley, M. D., Cleveland, O.

Some Aspects of Ureteritis in Women, by Edward Reynolds, M. D., Boston.



ZINC-AMALGAM CATAPHORESIS IN MUCO-PURULENT INFLAM-MATION AND MALIGNANT GROWTHS.

BY G. BETTON MASSEY, M. D., PHILADELPHIA.

In spite of having written two papers on the use of zinc-amalgam cataphoresis during the past year* which were read before medical bodies of less specialized character than the present meeting, I feel that the practical importance of this subject is so great as to demand a place in the present programme. After the labors of Gautier, of France, and of three fellows of this association, Drs. Goelet, Morton and Cleaves, I cannot say that there is anything absolutely new in the methods about to be described, except the use of mercury as the cataphoretic metal, and possibly the mode of its application to malignant growths. Yet some important things in scientific art have been but synthetic combinations of the ideas and labors of others, yielding results that had possibly been previously attained in part, though not appreciated.

Zinc-mercuric cataphoretic applications are, I believe, such an important modification of the galvanocaustic method as to supersede all other forms of employing the positive pole of the galvanic current in muco-purulent and hemorrhagic endometritis. Were it not that the brittleness of zinc illy adapts it as an electrode for small or tortuous cavities there would be no further use for costly platinum electrodes in the treatment of these conditions, for I have cured a number of cases with the amalgamated electrode that had been only slowly improving under the use of platinum and carbon instruments, and can see no disadvantage in the mercurial diffusion even in cases where it is not absolutely indicated. In my present choice of instruments for hemmorrhagic and purulent endometritis I therefore invariably employ the amalgamated electrode in cases that are sufficiently patulous for its easy insertion, using either stiff curved platinum electrode or the spiral platinum electrode for non-patulous or contracted canals.

Parenthetically it should be stated that there are cases of mere catarrh of course in which we do not wish true cauterization of the endometrium, but rather a trophic stimulation of the membrane and contraction of the parenchyma, and in these cases I prefer to cover the spiral electrode with a tight layer of absorbent cotton, like a narrow cotton swab, which is wetted and soaped for easy insertion. The cotton should be burnt off after use. This method, when it can be used, is a typical plan of treatment of the milder conditions and even of a pronounced metro-salpingitis, as it offers a minimum of traumatism to the cavity or to surrounding adhesions. The cotton, after withdrawal, moreover, offers a very accurate index of the condition of the cavity by the varying appearance of the discharges with which it is saturated.

Mechanically the amalgamated zinc electrode offers, in cases in which it can be used, greater ease of insertion than platinum, and espe-

^{*}Trans, Phila, County Med. Soc., '95; Jour. Am. Med. Asso., Aug. 24, 1895.

cially than an uncoated zinc or a carbon electrode, as the well-known oily sensation of a freely amalgamated surface indicates a condition of actual lubrication. This is possibly one explanation of a fact I have noted that its use in hemorrhagic cases is followed by less immediate flow than former methods and at times by none at all. On withdrawing the electrode also there will be found to be no true adhesion between it and the morbid surface if it has been freely coated with mercury, even when a strong current has been used, though a contracted uterus may make it fit tighter.

Clinical experience with this method in obstinate cases of hemorrhagic endometritis has made me think that there must be some special efficacy in the nascent mercuric salts thus conveyed to the affected tissues. That mercury administered internally has a so-called antiphlogistic action has been well known for years. In the light of our present knowledge of the true nature of subacute inflammations it may be possible that this antiphlogistic action is due in part to a stimulation of the phagocytes that have been developed more particularly in this class of inflammations from the fixed tissue cells of the inflamed part. By this destruction of the morbific germs and reinforcement of defensive agencies we may start a reparative effort resulting in a disappearance of the wandering cells of a parenchymatous or exudative inflammation and growth of the embryonal cells into fully equipped fixed tissue cells. It is, of course, not claimed that the only antiphlogistic action of mercury taken internally is the local one, for some of it must be due to regulation of the liver and other abdominal organs, but the effect of this intestinal dissemination of the agent by cataphoresis shows that the internal medication when effective must be partly local also.

If mercury taken by mouth may by vascular transference affect distant localities, how much more effective may not its local electric diffusion be?

Strong testimony of such efficacy is contained in the clinical histories of three cases reported by me to the Gynecolological Section of the American Medical Association. In two of these cases a prolonged treatment with the platinum and carbon anode had failed to completely cure a hemorrhagic endometritis with attendant leucorrhoea and menorrhagia, though greatly benefiting them; on substituting an amalgamated zinc anode prompt and satisfactory cure followed. The third case reported was one in which a continuously dribbling hemorrhage had appeared after the menopause, the uterus presenting a tumorous enlargement. The persistence of the hemorrhage and pain, in spite of ordinary galvanic treatment, conspired with other clinical signs in suggesting malignancy, but in this case also a symptomatic cure resulted from the metallic treatment, which has continued to the present time. Several other cases presenting hemorrhagic features, with and without fibroid degeneration, have been treated since, with unvarying good results.

The application of this method to insipient cancerous growths would seem to be rationally indicated, for by it we may add to the tissue-killing properties of a concentrated anode the additional effects of nascent oxy-chlorid of mercury and zinc, thus obtaining all that there is in the caustic treatment of cancer, plus the electricity, and without the long-continued pain of caustics as ordinarily applied. The nascent caustic materials will also be carried into the tissues by the current, reaching the underlying ramifications of the cancer, particularly in those growths in which the cancerous structure is a better conductor than surrounding healthy tissues. this the monopolar method course esential, making it a distinctly different procedure from Inglis-Parsons plan of treating cancer, in which no special attempt is made to follow the cancerous ramifications by current diffusion.

For this method to successfully

replace the knife in the treatment of so grave a condition it must partake of some of the elements of rapidity that distinguish that method of rapid removal, for the knife is to-day almost universally resorted to in spite of the admissions of its most eminent practitioners that it does not cure, but often makes the final condition of the patient more deplorable. Heavy currents should be used to produce quick and far-reaching results. Up to the present time I have not exceeded 350 milliamperes in monopolar applications on account of the pain, but it is my intention to make these applications under anesthetics more frequently in suitable cases in the future, cocaine administered cataphoretically at the time of application having done much to lessen the pain in several cases and bring such a current to bear on the diseased tissue as thoroughly changes its chemical morphological character, conveying the effect to the remotest ramifications of the growth. To accomplish this successfully with a current pressure of not more than 156 volts and without damage to the healthy skin with which the other electrode is in contact we must make this indifferent electrode very large and a good conductor. A bath contact of most of the body surface would possibly answer well, but I have successfully employed a more convenient device, in which large wired-cotton pads of uniform thickness and moisture covered the greater part of the back, abdomen, hips and thighs, the patient lying on those adjusted to the back and the several wires from each being carried to the negative binding

post of the battery.

In this manner a chemical struction and metallo-caustic impregnation of the diseased tissue of any extent may be employed, and though I have reason to believe that an active defense is aroused in the surrounding healthy tissues, which will do much to limit further extension of the disease, the application does not usually add to the patient's discomfort, but rather tends to lessen pain and other symptoms. In one case reported by me to the Philadelphia County Society, in which the cancer was situated in the groin, the central portion was gradually replaced destroyed and ultimately by healthy tissue, but unfortunately the growth involved the femoral artery, over which it lay, at which point no treatment was of avail. In another case in which the cancerous growth began in the left tonsil and, spreading to the soft and hard palates, was about to produce death from suffocation and inanition, the treatment was entirely successful, more than a year having now elapsed since a complete restoration of the normal integrity of the parts was attained.

If more than mere alleviation is demanded of this method the cases selected should be strictly local and unaccompanied by glandular infection, and unless very strong currents are to be used the method should not be employed in cancers of large extent.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

Great interest is being manifested in the coming meeting of this national association of physicians on September 29 and 30, in Boston, and it is expected a large and energetic session will be held on that date. Many papers are promised which give evidence of scientific enthusiasm. We trust all will attend who can.



A COMMON SENSE AND RATIONAL VIEW ON MICROBES, ENTITLED, THE SHIBBOLETH OF GERM THEORY, ITS DELUSIONS AND MISCHIEF.

BY K. N. BAHADHURJI, M. D. (Lond., Bombay.)

Let us now discuss the germ theory by the light of successful surgical and medical practice. It used to be fondly hoped and believed that the germs in the air were killed in the cloud of carbolic acid which surrounded operating hands and the wounds they made in the parts operated upon. It was also an article of faith that the dressings charged with germ poisons killed the germs as they filtered through the dressings, and that the mercurial and zinc lotions killed the germs on the spot. The spray cloud, which clouded the judgment of many a scientific researcher, because it was viewed through Lister's glasses, is now completely dispelled, and Lister himself has cried peccavi. It is equally a delusion to expect that the so-called antiseptics placed in wounds to guard the system against the germ inroad actually remain at their posts, for they are indeed changed and absorbed by the open surfaces. The zinc chloride placed in a wound does not do the sentry work of killing the germs as they alight on the open surface, which it is supposed to do, for it combines with the tissues which it chars, and is no more to be found at its post.

A sore will heal or fester according to the state of the tissues. Low vitality favors the analytical processes of disintegration carried on with the help of the germs, and it has been the practice to charge the open surfaces with germicidal and such-

like reagents, with a view to prevent the unhealthy tissues from offering a fitting soil for the work of the germs, till the union of wound is completed, at the same time that efforts are made to brace up system generally, and along with it the part affected. And such surgical practice is based on the analogy of the action of corrosive sublimate against the activity of the little vermin that eat away the wood. must be remembered, however, that the analogous mode of treatment cannot be carried out to any great The corrosive sublimate will not corrode wood, but it will run holes in living tissues. There is no limit to its poisonous action on the wood, but there is a near limit to similar action on the animal Moreover, corrosive sublimate is "fixed" by the paint on the wood, but it is no such fixture in the living organism.

The "preserving" or "pickling" reagents or antiseptics, as they are called, have more extensive application in the museum than in clinical pathological specimens, which, unlike the museum curios, will not per-

mit "pickling."

Is it due to antiseptic surgery that pyemia is banished, or nearly so, from hospitals and surgical prac-This is best answered by another question. Is it not a fact that the sanitation of hospitals, which led to the improving of the quality of the air and the quantity breathed, has led to the banishing of the putrefactive organic media in the atmosphere? And is it not that the old over-crowding and insanitary condition of hospitals and its attendant evils of decomposing organic effluvia, breeding germs and generating offensive gases and noxious products, are now things of the past? It is not with antiseptics that the bacteria have been chased away from hospital wards. The antiseptic zeal no doubt gave a strong incentive and stimulus to efficient sanitation. We know that the stifling and stuffy atmosphere of crowded districts is due to the decomposing organic effluvia on which the germs feed and multiply. Putrescible articles will readily undergo decomposition in crowded localities, and many are the diseases for which overcrowding is responsible, not because of the atmosphere being charged only in those districts with the several specific germs, but because of its quality as a blood purifier being much deteriorated. The fact that disintegration changes phthisis or any other disease do not overtake even close neighbors-and the microbes cannot be guilty of partiality—proves at once that the cause or causes of such disintegration processes or disease lie a good way beyond the germs. As is well known, the bacillus of any one of the maladies for which overcrowding is to a great extent responsible, has not been discovered in any phase or condition in the atmosphere of the surroundings of the victims, in whose diseased tissues the specific bacillus is discovered and identified. Pyemia and septicemia have been well-nigh banished, because the hospital air filth of olden days, which bred the action of bacteria in the wounds, has been cleared away by sanitation. No pyemia case is cured by antiseptics. The surgeon quietly helps his patients to fight the bacteria with tonics, good food and stimulants. But why thus expose the poor patient in his desperate condition to fight the bacteria when indeed it would be so easy to kill the germs with so many germicides at the surgeon's disposal?

The drainage of wounds teaches the simple truth that wounds remain sweet, if no pus, i. e. dead or dying matter in which the germs flourish, is allowed to remain them. The dog, when he licks his wound clean, gives no resting place to the bacillus, and does not need

to make any designs upon him with the help of antiseptics. Necrosis requires a thorough scraping, i. e. removal of tissue that is dead or about to die, to insure a healthy, healing action. Should any tissue about to die be, by any chance, left behind it will invite the germs much same as a dying organism invites the flies and ants along with the bacteria and the bacilli; suppuration and putrefaction will set in.

and healing will be put off.

Operations on the tongue are among the most severe ones, and yet, though by far the most difficult for the carrying out of antiseptic applications and safe-guarding with medicated wool wrappings, these operations are remarkably free from septic poisonings. The iodoform, which is dusted on the tongue, is by no means a germ killer and, moreover, is washed away not long after it is applied. No accumulation of exudation products is allowed and thus no chance is given them to run into pus.

Attention to strict antiseptic principles in surgical practice, when closely scrutinized, means nothing more than absolute cleanliness and often—what is an important factor in the building up of statistics of successful surgery—a selection of cases in which healthy physical conditions are assured, viz., conditions of healthy circulation and nutrition of the person and the parts operated

upon.

And nothing demonstrates the truth of this proposition in such eloquent and incontrovertible a manner as does a successful ovariotomy. There is the scrubbing of the floor and the scrubbing of the walls of the operation room, with perhaps a little whitewashing, and there is also the scrubbing of the outside of the entire abdominal walls of the patient. But the wounded wall of the abdomen and the wounded peritoneum, and its most tender, sensitive absorbent surface, are allowed contact only plain boiled, or even blood-hot, water, and with no anti-septic or pickling re-agent, however innocent. The peritoneal cavity must

remain satisfied with plain warm water, certified to contain germs big and small, says antiseptic surgery, if it will be so perverse and will not stand washing with the protective and defending corrosive sublimate or the good carbolic acid, or even dusting with the gold dust of iodoform, or wiping with germicidal medicated mops. And since the peritoneum is so disagreeably intolerant of all these good things of preservative re-agents and pickling fluids, the surgeon will not let even the flesh wound in the abdominal wall taste them. Only, of course, he must have the satisfaction of dusting with iodoform the stitches in the abdominal wall, and covering them carefully with a strip of oiledsilk protective soaked in antiseptic fluid. But surely the scrubbing of the floor and the whitewashing of the walls of the operation room, and the scrubbing of the outside of the entire walls of the abdomen of the patient mean efficient sanitation and personal cleanliness or hygiene, and not antiseptic or germicidal treatment of wounds.

Medicine teaches similar lessons. Antiseptic treatment of phthisis has failed again and again. If, indeed, the tubercle bacillus were the beginning and the end of phthisis, the antiseptic method ought not to have The entity of a bacillus failed. ought not to be such a difficult matter to exercise. As a matter of fact an attempt was made, as soon as it was found that aniline killed the tubercle bacillus in the laboratory test tubes to pursue a similar course in the patients, but unfortunately the patients were killed before the bacillus was reached. When Koch gave up doing the tubercle bacillus with direct poisons, he tried to get round it by his domestication process, letting loose in the system his "domesticated" virus bred brought up under special secret and "patented" conditions, against the work of its wild progenitors. The "patent" proved, no doubt, serviceable to Koch, but not to the German Government, who purchased all rights, nor to the patients to whom it was retailed at considerable profit.

When the tubercle "cure" failed against tubercle those interested in the new discovery boldly changed front and, abandoning the original position, sung its praise as a valuable diagnosing agent for "spotting" the tubercle soil. A cultivated tubercle virus is let loose on a system predisposed to tubercle, and for what?-to work out its destructive changes which mark the progress of consumption and are the signs of the disease in progress, or, as scientifically called, to "diagnose" tubercle, which really means to ignite and set it going! Indeed, in its incipient stages phthisis, or tubercle is discoverable without the help of "tuberculine." And there can be scarcely much justification for the attempt, even by specialists, to "spot" phthisis, even in doubtful cases, especially when there is nothing the specialist could advance to allay the mischief he sets up with his tuberculine.

Constitutional treatment is the only treatment that has availed in phthisical cases. The practical physician succeeds only when he leaves the germists to attend to the bacillus, and pays attention to the soil, viz., the physical condition of the The "soil," which precedes patient. the work of the bacillus, is of greater importance to the practical physician; the soil itself gives evidence of phthisis long before the bacillus is ready for observation. The diagnosis of phthisical lungs by physical signs, the general condition of the patient and the evidence of lung tissue itself in the sputum are of greater importance than a mere identification of the bacillus. Again physical signs and the tout ensemble of the patient afford better and surer guides to prognosis than the swarmings or otherwise of bacilli in a given slide specimen of the patient's sputa.

Phthisis is, generally speaking, destructive ulceration or ulcerative break-down of lungs. To limit its progress and bring about healthy conditions, the ulcer has to be treated constitutionally, like other constitutional ulcers, and such treatment has for its object the confer-

ring on tissues durance power, i. e., tone and vigor to counteract degenerative influences and thus enable the tissues to resist the destruction or disintegrating process, which is sure to follow degenerative changes. And a change to the hills means that the tender lungs are saved the injurious reaction between their surfaces and the heavy and irritating atmosphere of the densely crowded and low-lying districts, and of dark and badly ventilated town houses. Clinical experience teaches that it is a series of causes and conditions that prepare the phthisical soil in the lungs, and this preparation is more or less easy according to the original build of the lungs and the general constitution. It is not everybody that becomes phthisical in a given surrounding. And our frames are by no means a bundle of so many soils, nor is it that particular soils are unfolded at the bidding of particular bacilli, resident incognito, in particular localities—incognito because they are never seen outside their sphere of work, i. e. outside the diseased tissues.

It is difficult to imagine, as bacteriology would have us believe, that we are surrounded by these deadly germs, which are ever ready to attack man, beast and plant, or that our systems are but bundles of ready prepared "soils," and that to escape the action of biogenesis and save ourselves from being eaten up by the deadly enemies that surround us unseen, we must either "aim" at these germs, or sterilize the "soils" by charging our systems with germicidal antidotes in full or "attenuated" doses, either in the shape of chemicals or emulsions of dead matter, like the spinal cord emulsions of anti-rabic virus, or the secreta and excreta of the germs in the wild or the domesticated state, or introduce within us the "domesticated brutes themselves, so that they curb the action and behavior of their wild progenitors, or sterilize our systems —the bundle of "soils" hydrophrobic, tuberculous, diphtheritic, choleraic and what not-by the drying processes of the laboratory test tubes, or by soaking them in pre-

servative fluids, after the manner of pathological pickles or museum curios! In the olden times one of these methods, based on the assumption of the germ causation of the disease., viz., the charging of the system with a complete collection of attenuated and domesticated viruses of all possible diseases, was happily hit upon by Radama II, King of Madagascar. And in these days of fortune making with catching speculations and taking advertisements it is not to be wondered at that the causation of disease, having been reduced to the beautiful simplicity of offending microbic units, it has been open for all and sundry to conceive or concoct discoveries of antidotes against the offending microbes. The smoke-ball antidote to influenza recently missed the influenza bacillus. which, thus left free, unfortunately caught the "old lady" and laid her down with influenza, and for this erratic action of the bacillus, the Smoke Ball Company had to pay £100 in an action at law, as that was the sum they had advertised to pay for every influenza bacillus that escaped the fire of their smoke-ball and victimized their customers. But the conception of discoveries of germicidal nostrums or humbugs does not stop at the inventing of means against this or that disease germ. Recently we have been flooded with endless and infallible pills and powders warranted to kill all possible disease germs, and thus prove not only universal cures and panaceas, but the very elixirs of life, for, when taken as preventives, they will kill these germs before they touch the human fluids! Whilst scientific bacteriologists have been laboring long and in vain, as they must needs do with all their knowledge of biology, chemistry and physiology, and with all their facilities of laboratory equipments, to discover a re-agent which shall effectually combat only one of the disease germs, a glorious and unfailing panacea in the shape of a universal "microbe killer" has been miraculously revealed to some fortunate individuals hitherto unknown and unheard of by the scientific world, and one

has only to advertise with sufficient frequency to catch the eye of suffering humanity and to elevate the nostrum to the dignity of a scientific cure. This panacea is the powder and shot of all disease germs, and if washed down with a sufficient quantity of innocent faith will work not only cures, but even prevent anybody from getting ill, for all ills are microbe caused, and its marvelous efficacy is of course testified to with all the wealth of imposing headline by all manner and conditions of men.

This much is certain, that whilst the germ theory has not practically benefited the science of rational treatment, it has certainly enriched many an enterprising speculator, and some well-known scientists. The tubercle cure of Koch was a patent purchased by the German Government for a handsome price as a valuable remedy, but, as is now admitted, it is not a cure at all, and, put at the highest it is said to be only a diagnosing agent, and that only in certain cases. But of this more later on.

Bacteriology has not given a single therapeutic measure in any single disease which it has set down as germ-caused. It is difficult to see how bacteriology can help practical medicine in relieving suffering by cablegram humanity sages of brilliant discoveries of germs in every imaginable unhealthy condition or disease. pneumonia (inflammation of lungs) was at one time set down to a pneumococcus, but the discovery was announced with a flash, which, alas! soon vanished, and nobody now thinks of making designs on the pneumococcus to abort pneumonia. Why, even the pneumococci coverers themselves have left it alone and do not think it worth their while to trouble it, or to find out how best to deal with it!

Bacteriology is making the noise and claims which chemistry at one time did, and especially when organic products came to be artificially prepared by synthetical processes. It was at one time supposed that one had only to know chemistry of na-

tural and unhealthy changes in the tissues and the riddle of disease and cure was solved in an instant. Chemistry and physiological chemistry have no doubt a place in the science and practice of physic, but the dreams of its building up brokendown and destroyed or altered tissues are all over. And bacteriology that now claims to be the mistress in the science and art of physic has only to wait its time to find its own level. It is but a new "conceit," but the fashion is not so taking now as it once was, in spite of the mass of literature giving profusely illustrated historical and biographical sketches of our natural enemies, for they are more and more looked upon as but simple forces employed by nature to do analytical work, after the tissues are diseased, i. e. after they have undergone the required physical and chemical change and have entered the state which is necessary for the dissolution work of the germs. Moreover, minds are more and more awakening recognizing the fact not a few of the epidemics, and even cholera, were not coaxed into retreat or dissolution by any threatened detection and poisoning or "domestication" of the specific viruses, or any threatened resort to protective inoculations of their "domesticated germs." Nor anti-cholera inoculations going to do more than did the flashv tuberculine inoculations. So long as the ruling passion of the hourthe germ inoculation—sways prepossessed scientists and popular fancy, anti-colera inoculation must in its turn flash forth and keep up aglow so long as it is fed with novelty and skillful "booming," which can but last awhile.

The germ theory of disease naturally raises the important question, if the deadly germs are about us and are ever trying to force entrance within us. what is that saves so many deadly enemies, the aerial elementals? At an early stage, when the conceptions of the germists were somewhat crude and hazy, they explained away the injuiry by a simple assertion that healthy tissues re-

sist the action of the germs, which really was begging the question. Later on, they put the "soil" in the forefront, along with the germs, in the causation of disease. But the subtle requirements of speculation in which the whole germ theory is enshrouded find a different expression in the hands of the more advanced germists of the present day. Perhaps, on the analogy the metaphysical teaching of the resultant of two antagonistic forcesthe good and the evil—of their different synonyms, the germ theorists imagine that disease is the resultant, i. e. the issue, of the battle which is every moment of our lives going on between the evil ones outside us and the good guardian angels within. A priori, therefore, there must be these guardian angels who literally act as body-guards within us. In this arduous search—arduous because, like all good angels, they did their good offices to us unperceived so long—the germ detectives at last succeeded in alighting upon the everacommodating and many-sided white corpuscles of the blood, for lo! they were eyed by the eagle-eyed germists and discovered in the very act-a noble and self-sacrificial act—of actually devouring these germ enemies of mankind! This new attribute of the spirit, the force, or whatever else it may be called—the white cell of the blood-naturally led to a new individuality being conferred upon it and, as in metaphysics, the original force or spirit manifests itself in so many shapes and individualities acording to its varied attributes, like Indra, the rain-giver, so in this new science, the white cell of the blood is to be henceforth known as the phagocyte, i. e. the devourer of the germ enemies of man-It is really interesting to know that each individual maintains a standing army of the phagocytes within himself. As soon as the disease germ gains entrance within, a battalion of phagocytes marches out (under the orders of some unknown and undetected leader) to meet them, and disease or no disease is thus decided. The phagocytes may not move fast enough and may refuse to

join battle, and then the evil ones naturally have their own way and devastate the territory supposed to have been guarded by the phagocyte standing army. Or, there may be some skirmishing, in which, according to the balance of victory on one side or the other, there may be some show of bacillus-work in the system. Or there may be right royal battling. in which the phagocytes eat up the enemies bodily and, making them thus disappear, save the systems they are guarding from disease, and of course this sort of warfare goes on perpetually. Or, unfortunately, they are literally shelled by the enemies, and the citadel they are guarding is razed to the ground and returned again unto dust. It is all very pretty this, the new phase of the germ theory. The white blood cell standing army is a very pretty idea, but unfortunately it abounds in greater numbers in just those very conditions which are known as degenerations, and which are the precursors of utter break-down. then it is not this white cell. It is the other, you know, and there are so many kinds of them, or rather they are gifted with so many attributes. Perhaps the numerical strength of the white blood cell army goes for little. It is, no doubt, the quality of the fighting individuals rather than their number that decides the winning or the losing of the battle. Without following the germists in the tangled maze phagocytic work, one may affirm that the quality or efficiency of the phagocyte standing army will pend on the resources of the kingdom which looks after its upkeep, and what are those resources but the physical, chemical and physiological states of the blood, in other words, the old-fashioned "humors" of the system, or as is now both popularly and professionally called the "constitution?" Thus then the latest development of the germ theory of disease, when logically examined, lands us back in the regions of "constitutions" and "vital fluids" "humors," and points to erratic changes in these as the causation of disease. Thus, too, the

germ theory of the causation of disease, which originally ridiculed and abandoned the "humors" and the "vital fluids" of the ancients, once more returned to its starting point, and the germs also by their circular peregrinations seem to furnish an additional proof that the earth is round! The phagocytic head of the hydra-headed germ theory, which places the germs at the base of even simple inflammatory cesses, sets at nought the physiological teaching of the trophic (nutrition) function of the nervous sys-Inflammations, and even the low inflammations observed in broken-down constitutions (e. g. diabetic inflammations), and in parts prived of the healthy influences of the nervous system (as in paralyzed limbs) are now declared to be due to the germs. A blow over a paralvzed part or in a broken-down constitution, and inflammation follows. Either the germs enter the with the blow and conquer the locally stationed garrison of the phagocytic standing army, or perhaps the local garrison is killed within by the outside blow, and no fresh battalion would sally forth to meet the invaders, who enter at the seat of the Fine and highly refined as the latest speculations on the action of germs may seem they are certainly opposed to science no less than to common sense.

The germ theory has seen many phases, and many of them contradictory. If it is not one thing it is another, but somebody, some special entity, is at the bottom of it all! There is an entity which is the beginning and the end of fevers, rheumatism, boils, tetanus and what not. The entities have to be chased and exorcised from the system. "humors" of old, like the hairs of the organ of Corti or the perception fibres of the retina, were many and Each played its special various. part and evolved the various diseases. The entities or the disembodied spirits of the Indians used to enter the system and had to be exorcised in a variety of ways, by a free efflux of secretions-violent purging, vomiting and sweating, or by branding, or by thrashing to the

tune of reed pipes and drums. It was the "humor" or the "elemental" that engaged the whole attention. Their modes and habits and their pranks formed the subject of serious study, but not so the physical signs of the "possessed" patient. not the germ fad a pure reversion to the olden mental condition full of "elemental" and "humor" hallucinations and illusions, in the nineteenth century garb? The germs have monopolized undue attention and directed the progress of curative science in altogether wrong channels. Bacteriological therapeutics is but a system of modern alchemy, and rests and proceeds on incorrect assumptions and daring guesses, as conveniently abandoned, as confidently set up. It would seem as if the germ theorists and bacteriologists were bent upon sustaining their charge against the germs by one maneuvre or another lest their occupation be Fortunately, however, despite the brilliant discoveries revealed to the world by Reuter from time to time, of this, that and the other bacillus, which, however, in course of time burst up like so many bubbles and disappear, the germ scare is cooling down and germs will soon cease to be the objects of such anxious care and study, and will in time be consigned, in all probability, to the limbo of exploded myths which have had their day. Thinking men are persuaded that the influenza and the various plagues that visited the earth disappear from their scenes of action, not because of their bacilli being threatened with detection and death by the international eagleeyed detectives in the bacteriologic cal service, and that it is only the nervous and the excitable, led away by plausible theories clothed with the authority of specialists, who will be scared by the germs, and fly in their panic and distress to whatever panacea may be going, whether in the shape of anti-influenza smoke balls, which may give the influenza and also £100 in a law Court, or the microbe-killers of sorts, so confidently advertised as the inspired discoveries of men of the stock exchange and not of scientific training.

-The Indian Lancet, July 1, 1896.

CONGENITAL TEETH.

Ballantyne (Edinburgh Med. Journ., May, 1896) delivered a child in 1894, and a few days after birth found that the two lower central incisors were cut. They resembled in their characters teeth discolored by the use of iron tonics. Two new central incisors appeared in their place about the seventh month. The mother believed that the earlier pair were absorbed: Ballantyne thinks it more probable that they simply dropped out. The child remains healthy. Buist in 1893 detected the two lower central incisors already cut in a child born at term. The gum was swollen and the teeth loose. Both came out with a month, and have not been replaced, although the dentition is otherwise normal. Vargas, of Barcelona, in 1895 examined an infant 2 days old, suffering from tongue-tie and a projection from the lower gum a little to the right of the middle line. It was cut away under cocaine, and proved to be an extra-alveolar dental sac containing an incisor with no root. The literature of the subject is reviewed by Ballantyne. Congenital teeth are usually lower incisors, seldom upper incisors, and very rarely molars. Cases like that reported by Vargas and published by Ballantyne undoubtedly represent ectopia of the dental follicle. majority simply signify premature development of the teeth. Congenital teeth interefere with suckling, and are ill-developed; they should therefore be removed. They have little, if any, relation to the health of the infant.

GREEN HAIR.

Greenish hair in men occupied in copper works and in copper mines is not unknown, for as far back as 1654 Bartholin drew attention to

its occurrence. Since then several other observers have recorded stances of the same.—(Ex.) most recent case is that of Dr. Oppenheimer's, who, at a meeting of the Johns Hopkins Hospital Medical Society, showed a specimen of green hair obtained from patient who had been unhis treatment. The at 58 had been a workman in copper oxide dust. He was not very cleanly in his habits and was suffering at the time of his visit from vague gastric symptoms. No pulmonary signs were detected. The hair was a pale but distinct green, this color being more marked on the head and the mustache. But, curiously enough, in the hair all over the body the same coloration was displayed. Copper was easily demonstrated chemically. Microscopically the hair was uniformly colored, no crystals being seen anywhere. The patient did not return after his first visit, and it was ascertained that he died two years later with a severe cough. The fact, however, is certain, that workers in copper works need not necessarily become affected with the poisonous metal, provided that scrupulous cleanliness be observed. The hair must be washed daily in a solution of soda, ordinary water being useless for the purpose. Experience shows that the part first to become affected is the mustache, but if the latter be protected by a thick cap no coloration is produced. care be taken as indicated, three or four days after starting work will be sufficient to cause the coloration to appear, and in summer time it is especially prone to occur, when perspiration is free. It is of some interest to note also that the underwear has a greenish tinge wherever it has been thoroughly soaked with sweat.

-Indian Lancet.





HYDATIDS.

M. Champenois concludes that in hepatic hydatids we may first try two or three punctures of the cyst, with sublimate or napthol injections. This alone will sometimes effect a cure, but when the fluid re-accumulates we should make a free incision over such a site as will insure the best drainage by a Billroth-Delbet incision, or Landeau's transperitonal flap.

UTERINE CANCER.

The treatment of uterine cancer by medicine alone is quite useless. Total ablation offers the most positive and permanent results.

The contra indications are great debility or an extension of the disease to neighboring organs.

CEREBRAL DISTURBANCES OF A TRAUMATIC ORIGIN.

M. Bechaliu believes that certain types of insanity may depend entirely on injury to the brain. Mental disturbances may follow immediately after injury or may appear at a much later date.

Cerebral irritation is one of the producers. The author comprehends under this term headaches, dizziness, ringing in the ears, loss of sleep, with strong inclination for alcoholics.

Concurrently we may find associated with the influence of trauma other special etiological factors, as hereditary masturbation, syphilis, or alcoholism.

The prognosis of traumatic insanity is bad when there are any of the above complications.

Those afflicted with this form of

insanity, whether complicated or not, are subjects of genesic excitation, very marked. It is much more common in males than females.

RETIO PHARYNGEAL ABSCESS.

M. Thoyer Rozat, writing on the above topic, declares that these abscesses are much more common than is generally supposed, and that, through their hidden position, and thus escaping detection, not a few lives are lost. Death essues through a slow asphyxin. At times their onset is sudden, with spasm of the glottis, when one may be led to suppose the case is one of simple croup. It is therefore highly important that a thorough examination of the larynx be made in all these cases, especially in children, before any temporizing remedies are administered.

Surgically these are attacked by two routes, one direct through the mouth—buccal; and the other, indirect, through the neck—the cervical. The incision through the mouth is the one of choice, and suffices in the majority of cases. But when the abscess is low down, encroaching on the larynx, an anesthetic may be necessary, as a tedious and difficult dissection will be required to remove

the pent-up pus.

—Therese de la Faculte de Bordeaux,
Gazette Heb., 3 Aout, '96.

A FEW WORDS UPON EMBALM-

It is well known that embalming is necessary for deceased persons whose obsequies must be more or less retarded. Here are some technical details that the TEMPS gives on this subject:

The Egyptians practiced embalming almost generally; the Greeks and Romans used it but little, having adopted cremation, or the destruction of bodies by burning.

The etymology of the term is attributed to the balms used to preserve the corpses from decomposition. Nevertheless, excepting in the rich classes, embalming was done in the most summary manner in ancient Egypt. In every case the embalmer broke the ethmoid bone with an iron instrument, and removed the brain; next the intestines were removed through an intestinal incision, and thrown into the Nile. The body, cleaned with essence of cedar, was stuffed with myrrh, cinnamon and pitch, then salted, swathed with linen bands, placed in a wooden box, and finally given back to the family.

Such was the first-class embalmment. The majority of the dead were treated with an injection of some antiseptic liquid and put in

pickle 70 days.

Embalming has also been prac-

ticed in the Canary Islands.

In Mexico, Von Humbolt mentions a case of natural mummification. The Spanish and Peruvian dead left on the field of battle, upon a dry soil in a torrid atmosphere, dried so quickly that they hardened and remained intact.

In France some tombs have the property of mummifying the cadavers by the chemical action of the soil and of the atmosphere. The cave of Toulouse is perhaps the best

known of these.

Embalming was done with aromatics for a long period. The intestines were incised and washed with water, vinegar and camphorated alcohol; the incisions washed with a sublimate solution and the cavities filled with a powder composed of tar, salt, quinquina, cinnamon and benzoin dissolved in an essential oil. The body, sewed up, was varnished with an aromatic varnish composed of Peruvian balm, styrax, the oils of lavender and thyme, next swathed in linen bandages and placed in a leaden coffin. Each celebrated embalmer has varied the formula more or less. Berzelius extolled the injection of wood vinegar. M. Broconot recommended the sulphate of iron or ordinary green vitriol. Dr. Chaussier plunged the body, perfectly emptied and washed, into a bath of corrosive sublimate. Dr. Gonnal used an intravenous injection of a saturated solution of aluminium sulphate. Mr. Falconi places a solution of sulphate of zinc at the head of preserving liquids.

An injection of four and one-half litres of a saturated solution of this salt renders a body imputrescible.

When the body of a diseased person is to be exhibited, the brain is extracted as far as possible by breaking the ethmoid bone or by trephination, the interior of the cranial cavity is injected with sublimate; the mouth is filled with cotton wool or oakum impregnated with rosin to prevent the sinking in of the cheeks.

Finally, the eyes are replaced by ones in glass or enamel and occasionally only, the face is painted.

It is sometimes the case that the relatives of the deceased wish to preserve the heart separate from the body. This organ is then detached, leaving a tip of the arterial and venous trunks; its cavities are plugged with cotton-wool or oakum, and the whole is plunged for five or six days into an alcoholic sublimate solution after which it is taken out, dried, covered with a coat of red varnish, and inclosed in a capsule of lead or silver.

Such are, generally speaking, the methods used for embalming.—Le Progres Medical.

THE BACILLUS COLI COMMUNE.

Dr. E. Monin says that one of the most interesting discoveries of contemporaneous medicine is the bacillus coli commune. This guest of the intestinal canal is usually harmless, but may become the agent of stercoral toxemia and deadly auto-poisonings. Traces of the deadly work of this bacillus may be found in all the gastro-enterites, including cholera and typhoid fever; in icterus and the inflammation of the liver; in

nephrites, in anginae and the most diverse suppurations; meningitis, cardites and pneumonias have also been described where the bacillus coli commune was evidently the microbic element.

How and when can the virulence of a common, ordinary bacillus be

increased to such a point?

Why, from being innocuous or even beneficient (according to those authors who accord it an eupeptic action) does the bacillus coli come to secrete toxins that are as deadly as those produced by the bacillus of Eberth? How, also, does its pyogenic and septicemic powers cease and degenerate until they become absolutely nil? These are questions that it would be dangerous to attempt answering.

All that we know is that the intestine, irritated and disquamated by chronic constipation and the resulting phlogosis, allows the bacillus coli to penetrate it; then, infection of the blood.

We know, also, that a well-directed purgation with saline cathartics, by eliminating and destroying the pathogenic poisons elaborated by the microbe, protects us from the prodromic accidents of gastro-intestinal incumbrance.

Finally, Dominici has shown the important part played by hepatic difficulties and biliary changes upon the genesis of abnormal virulence caused by the bacillus coli commune.

Practically, should we not decide that the best method of preventing such bacterial misdeeds consists in modification of the surroundings in which the little bayonet lives and carries out his transformations? The unanimous opinion of the best clinical teachers is that the best modifier, in this sense, is a good, natural

aperient mineral water.

Mineral waters of this class have a far better action than any other known form of cathartic. It is truly astonishing when we consider the extent of the pathological domain of the bacillus coli commune. This vigilant enemy is hidden in the organism, and waiting to take advantage of its slightest weakness (Gilbert) to become septic and pathogenic in organs the farthest removed from, and apparently the least connected with the intestines. For my own part these discoveries of modern microbic pathology put in a new light the admirable prescience of our elders (Murchison, Jules Guerin, etc.), who vaunted the prophylaxis of typhoid by habitual cathartics.

Not only are the intestinal saprophytes mechanically removed by the washing out—ab ore usque ad anum—but we awaken the phagocytic power to a remarkable degree; we bring the vaso-motor action of the coeliac axis (that brain of the ven-

ter) into equilibrium.

Purgation with natural saline waters is of great value to the gouty and to those in whom nutrition is faulty; the internal chemistry of both cases being bad; also the uricemics, the dyspeptics, the neurosthenics and especially the uremics, who are exposed by the vitiated state of their blood to the multiple perils of coliparasite toxemia, all of these clases of patients are greatly benefited by regular purgation.

As a matter of fact the more pathology becomes enlightened the more traditional therapeutics stands out in its simplicity—initium salutis bene moratus venter.—Le Progres

Medical.





SURGICAL TREATMENT OF CALCULI IMPACTED IN THE COMMON BILE DUET.

Vautrin gives a critical account of the various forms of surgical treatment available for calculous obstruction of the common bile duct. (1) Pressing the calculus into the duodenum or into the gall bladder, from which it is removed by cholecystotomy. This, though the ideal treatment, is seldom practicable. The gall bladder is often collapsed, and in these cases the cystic duct is smaller than natural. Compressing the stone into the duodenum is still more difficult. Breaking the stone and pressing the fragments into the gall bladder is unsatisfactory, because fragments are very likely to escape into the hepatic duct, and give rise to recurrence. If calculus has been pressed into the cystic duct, but cannot be got into the gall bladder, cystotomy as proposed by Hans Kehr may be done. (2) Crushing calculus in situ, and compressing fragments on into duodenum. This should not be done unless calculi can be crushed by fingers. The operation may give rise to infection of ducts with bacillus coli. Breaking the calculus with needles dangerous. In 28 cases, 4 died and 4 were not cured. (3) Choledochotomy: in 27 cases 16 were fatal. When there are calculi in the gall bladder a further operation is required. Cholecystotomy should only done when gall bladder is very friable or much inflamed. Cholecystotomy hardly adds to the gravity of the operation, but cholecystostomy is better, as by providing an escape for the bile it prevents the duct becoming dilated and leaking into the peritoneal cavity. The flow

through the duct is slow to re-establish itself, but when this is effected the cholecystostomy wound usually closes spontaneously. (4) Duodenot-Opening the duodenum and extracting calculus impacted in diverticulum vateri has only been done twice, but might be preferable to doing choledochotomy in this situation. (5) In an exploratory operation, where it is impossible or inadvisable to examine the condition of the duct, the wisest course is to do cholecystostomy, and so palliate the symptoms of cholemia. When the patient recovers the further operation of choledochotomy may be done. (6) In the other palliative operation of cholecystenterostomy there is danger of infection spreading from the intestine and of strangulation of bowels at the point attachment. Sprengel and Riedel have united the bile duct to the intestine, and Yversen has brought the dilated bile duct to the surface of the body, choledochostomy.—Revue de Chirurgie, June 10.

INSECTS AS AN AID IN SUR-GERY.

One of the most curious uses to which insects are put was related at a recent meeting of the Linnean Society of London. It was stated that the Greek barber-surgeons of the Levant employed a large species of ant for the purpose of holding together the edges of an incised wound. The ant, held with a pair of forceps, opens its mandibles wide and is brought near to the cut being treated, so that it can seize the two edges, which are held together for the purpose. As soon as the unfortunate ant has obtained a firm grip of the cut its head is severed from its body. Mr. Issigonis, of Smyrna, who described the operation to the Linnean Society, said that he had seen natives with six or seven ants' heads holding together wounds in the course of healing. A similar observation was made some years ago in Brazil, which fact is interesting from an ethnological point of view, as showing the independent existance of the same custom in countries as far apart as Brazil and Asia Minor.

-Indian Lancet, May 16, '96.

CANINE EPITHELIOMA OF THE PHARYNX.

With the exception of a slight difference in the shape of the cells the features presented in this section are similar to those found in the human subject, as will be seen by comparing the specimen with one of human epithelioma of the pharynx which is purposely placed under one of the microscopes.

BRAIN ABSCESS.

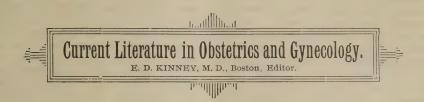
Thirty to 40 per cent. of all brain abscesses are otitic. In 26 cases at St. Thomas' there were nine temporosphenoidal and 19 cerebellar. At Great Ormond street two temporosphenoidal and four cerebellar. The authors quote headache, vertigo, photophobia and purposeless vomiting, optic neuritis, low temperature, slow pulse and respiration, drowsi-

ness, foul breath and constipation, loss of control of bladder, emaciation, pallor and loss of expression of countenance; and, as localizing symptoms, paresis of the anterior extremity on the same side as the cerebellar lesion, associated with weaknes of the lower extremities, increased knee jerk on the same side as the lesion, and conjugate deviation of the eyes away from the lesion. The various explanations of this hitherto offered are not deemed satisfactory. Muscular rigidity or convulsions may affect the limbs on the same side as the lesion. A tendency to rotation of the face to the side of the lesion in walking. Staggering or cerebellar gait, and a tendency to fall toward the oposite side of the lesion. A tendency to lie coiled up in bed on the side opposite the lesion. No loss of sensation. The localizing symptoms of temporosphenoidal abscess are enumerated and discussed.

And the following points in differential diagnosis are pointed out:
1. The patient tends to lie on the side of the lesion in temporo-sphenoidal lesion.
2. Frequent depression of lower jaw.
3. Tenderness on palpitation is not necessarily that of abscess.
4. Differential percussion note is not reliable.
5. Disease of the bone in the attic, or posterior fossa, indicates the direction in which to search.
6. McBride's sign also not certain.

-The Journal of Laryngology.





OIL OF PENNROYAL AS A REM-EDY FOR THE SUPPRES-SION OF MILK.

Dr. C. C. Moore, of New York, in the Colorado Medical Journal alludes to several cases in which the oil of pennroyal, freely rubbed upon the breast at intervals of an hour, caused suppression of secretion and averted threatened abscess.

LACTATION AND ATROPHY OF UTERUS.

Vineberg (Amer. Journ. of the Med. Sciences, July, 1896) after careful examination of the uterus in women during lactation, finds that a true process of atrophy goes on quite independently of even relative debility or anemia. Indeed, in women who remain feeble after labor or become weak from any cause, external or internal, and in patients anemic before pregnancy, uterus tends to remain large. Subinvolution in fact is, as has long been recognized, a morbid condition; but Vineberg finds that when involution goes on to its full completion the uterus is reduced to a size smaller than that of the non-parous organ. The author's tables are valuable. This condition—post-puer-peral superinvolution—is principally seen in nursing women, and from this circumstance has been termed "lactation atrophy." It is normal and desirable, and is temporary, becoming permanent under rare and unfavorable circumstances. When the lying-in woman cannot suckle the medical attendant should try to bring about super-involution. This course, Vineberg believes, will save her from the development of a host of maladies due to subinvolution.

ORIGIN OF MULTILOCULAR OVARIAN CYSTS.

Burckhard (Virchow's Archiv, Bd. 144. June 3d. 1896) discusses the origin of multilocular cysts in the ovary, and concludes that they are all derived from the germinal epithelium or its derivatives, the tubes of Pfluger. They can only arise in an ovary where malformation has occurred in fetal life; no cyst can ever arise in a normally formed ovary. The cutting off of cysts from the epithelial tubes is due not to an active growth of epithelium, but to an increase of connective tissue. When cysts are onced formed their enlargement takes place not merely by pressure from within, but by active growth of their walls.

VAGINAL SECRETIONS IN PAR-TURIENT WOMEN.

Last month some statistics were on antiseptic obstetrics. Since then we read that Doderlein, Winter, Steffek and others claim to have found pathogenic micrococci, particularly the staphylococcus albus and aureus and other pus-producing microbes, in the vaginal secretions of women after labor. On the other hand. Konig examined the vaginal secretions of 100 women after labor who were aseptic at the period of labor, and found in the lochia more frequently the streptococcus, seldom the staphylococcus aureus and never the staphylococcus albus. In 300 pregnant women he found the vaginal secretions to be acid, and concluded that in pathological conditions the secretions attain much higher degree of acidity, so that the streptococcus pyogenes could hardly thrive therein, and he was unable to secure cultures of

this germ. With the exception of the thrush and gonococcus germ, he concludes that the vagina of every untouched pregnant woman contains nothing pathogenic and is therefore aseptic. He considers vaginal injections of antiseptics dangerous to the ordinary patient, in that they may chemically lessen the resistance of the tissues to bacteria and may increase the intensity of septic endometritis by washing bacteria into the uterine cavity.

This is another instance of agreement among so-called authorities, and leaves nothing for humble practitioner to do but read both sides and then use his own good judgment. Every experienced physician knows that unless he carries poison into the vaginal canal on an unclean finger, in private practice, the kind most of us do, there is little reason to fear these pathogenic microbes. Cleanliness alone is all that is usually required either before or after labor, but at the same time it is quite certain that there are advantages and disadvantages in each method. A hot sublimate or carbolic injection during labor shrivels and contracts the vaginal mucous membrane by contracting the capillaries. removes from it its natural lubricating secretion, thus largely augmenting the friction between the head and the vaginal walls, retarding the progress of labor and necessitating greater powers of expulsion. After labor, when it is desirable to use a wash for cleansing purposes only, simple, plain borax disolved in warm boiled water will be found pleasant and efficient. Let the solution be of about the specific gravity of the blood, so as not to encourage osmosis.

-Indian Lancet.

INFLUENZA AND FEMALE SEX-UAL ORGANS.

Muller noted the condition of the pelvic organs in 157 cases of influenza, 21 women being pregnant, 17 of whom aborted. Of the nongravid women all but three showed symptoms of uterine disturbance. either hemorrhage or aggravation of previous troubles. Hemorrhagic endometritis commonly developed, as in cholera, typhus and other infectious diseases. After the decline of the disease the uterus was frequently found to be enlarged, and evidences of chronic endometritis were present, which seemed to be directly due to the influenza.

-American Journal of Medical Sciences.





EMPLOYMENT OF EUCAINE IN OPHTHALMIC PRACTICE.

BY DR. EMILE BERGER.

The attention of the readers of the Revue de therapeutique medicochirugicale has already been called to the investigations made with Eucaine by Vinci in Professor Liebreich's laboratory. When Vinci's results were communicated to the Hufeland Society in Berlin on 16th of April, we were already engaged in an extensive clinical examination of the new anesthetic. Vinci's research deals with the action of Eucaine in ophthalmic operations, and we have also only employed the anesthetic in cases falling into this department. It has, however, been deemed advisable to make the following publication, because in many points we have not obtained exactly the same results as Vinci. The differences are mostly in matters of detail certainly, but in ophthalmic practice the smallest details must not be overlooked.

Eucaine is the methyl ester of benzoyl-methyl-tetramethyloxypiperidine-carboxylic acid. It differs from the cocaline prepared in an analogous manner by one methyl group which replaces the hydrogen atom in the imide group of the latter.

Eucaine, like cocaine, is only slightly soluble in water, but the neutral salts formed by combination with acids are soluble. The hydrochloric acid salt of Eucaine appears in modifitwo forms. One cation crystallizes from plates, small shining which contain a molecule of water of crystallization, and possess the composition expressed by the formula C¹⁹ H²⁷ NO⁴. HCI. H²O. This salt dissolves in water at the ordinary

temperature to the extent of 6 per cent. The second modification crystallizes from a solution in methyl alcohol in shining prisms, which contain two molecules of methyl alcohol

in crystallized form.

These differences have been emphasized because they possess a clinical interest. The presence of methyl alcohol in the prismatic crystals gives to Eucaine an apparent irritant action, and makes this modification of the salt unsuitable for employment in ophthalmology. Eucaine hydrochloride crystallized in the form of small plates should therefore alone be used, at any rate in

ophthalmic practice. The physiological experiments made by Vinci demonstrated that small doses of Eucaine suffice to increase the reflex excitability in mice and rabbits. Doses of about onethird of a gram per kilo body weight induce tonic and clonic convulsions. If the dose is increased symptoms of paralysis appear under which animal eventually died. If the animal, however, resists the dose, the paralysis following upon the convulsions at length totally disappears. A few experiments will show that these symptoms take their origin in disturbances of the central nervous system, but to enter into details would lead us too far away from our sub-

Altogether it is recognized that the physiological action of Eucaine is analogous to that of cocaine, but that the latter, as determined by comparative experiments, possesses a greater degree of toxicity. Eucaine slows the pulse considerably, while cocaine makes it more rapid. As regards the duration and intensity of the anesthesia Vinci has found

that both substances are practically identical. There exists one important difference, however, which we have studied more closely in consideration of its importance in ophthalmic practice. Cocaine induces ischemia, whilst Eucaine increases the vascular blood pressure; moreover careful examination of the results obtained by the instillation of Eucaine solution into the conjunctiva proves that the pupils are not at all affected.

These points are important, and are eminently in favor of Eucaine, as cocaine induces mydriasis and disturbances of the accommodation.

In our clinical trials, which we believe to be the first made in France with the new drug, we employed 1 and 2 per cent. solutions of the plate modification of Eucaine hydrochloride. From the very commencement we noted slight differences in our results from those of Vinci. For instance, one drop of the 2 per cent. solution dropped upon the conjunctiva caused a more pronounced burning sensation than the instillation of a solution of cocaine of like strength. Vinci only observed these symptoms of irritation when using Eucaine hydrochloride containing methyl alcohol in the crystals.

Fortunately, this irritant action, always unpleasant to the patient, can easily be avoided in the case of Eucaine by a slight modification of the treatment. Instead of commencing at once with a 2 per cent. solution, a drop of 1 per cent. Eucaine solution is first instilled; this drop causes no irritation and suffices to annul the sensibility of the conjunctiva in about three minutes. A drop of 2 per cent. Eucaine solution then added, and now no sensation of pain is at all experienced. Generally in about 21-2 minutes after this second instillation complete anesthesia of the conjunctiva and cornea is set up and continues on an average for 10 to 18 minutes. There exists also a very remarkable difference in the kinds of sensibility, of which Vinci makes no mention. Sensibility towards the contact of foreign substances is first of all suspended; thermal sensibility withstands the action of Eucaine longer, but finally, in course of time, is likewise completely suspended. A similar experience has already been noted by us with cocaine. (Societe de Biologie, 1892)

We are quite in accord with Vinci as to the equality of the anesthesia produced by cocaine and Eucaine, both as regards permanency and intensity. We have made comparative trials on both eyes in the same patients, and have come to the conclusion that the small differences sometimes observed are due rather to the unequal volume of the drops instilled. When operating with such small quantities of an active substance, it is always very difficult to maintain the experimental condition in each case absolutely similar.

Anesthesia progresses from the point where the drop falls upon the mucous membrane, and at this point it also lasts longest. According to Vinci, anesthesia is first developed in the cornea.

An accompanying symptom of the anesthesia produced with Eucaine is the development of the hyperemia in the eve treated, which extends over the whole of the conjunctiva, and persists longer than the anesthesia. In all our observations it had, however, disappeared in 30 minutes at the most after instillation. Moreover, a hyper-secretion of the lachrymal gland was noted in the eye treated with Eucaine. On these points our observations stand considerably at variance with those of Vinci, who obtained with the Eucaine crystallized in plate form "a very slight, scarcely perceptible hyperemia;" the hyperemia developed when Eucaine containing methyl alcohol was employed. It is doubtful what is the origin of these differences, as in both cases the "plate" modification of Eucaine hyrochloride was employed.

Like Vinci, we have never observed the slightest widening of the pupil nor the least disturbance of the accommodation when Eucaine is injected into the eye. In this respect, it may be remembered that some time ago (Societe de biologie, 14th January, 1893) we suggested the avoidance of both these important drawbacks to cocaine by its combina-

tion with pilocarpine.

In the eye anesthesized with Eucaine we have, moreover, never observed the disturbances of the cornea experienced with cocaine, due to the desiccation of the cornea, which is evidenced by the loosening of the cells upon the surface of the corneal epithelium. These succulent protoplasmic cells under the influence of cocaine exhibit fissures which, in case the conjunctiva is infected, afford entrance for pus microbes. A fact that appears in favor of this hypothesis is the increased tendency to the formation of corneal ulcers in the employment of cautery for cases of blennorhagic conjunctivitis, if before cauterization anesthesia with cocaine is effected.

From the foregoing it is evident that the new preparation deserves to a very considerable degree the attention of eye specialists. Absence of mydriasis and of corneal disturbances is from a clinical point of view of the greatest importance, and should lead to the employment of Eucaine in all those cases—and they are very numerous—where the above-mentioned two drawbacks of cocaine may have serious conse-

quences.

The congestion of the conjunctiva produced by Eucaine is undoubtedly a disadvantage, yet apart from the fact that Vinci considered the hyperemia scarcely worthy of notice, we have never observed any noteworthy symptoms as sequelae of the congestion. Our operative measures after production of anesthesia with Eucaine have been both numerous and varied. We have employed it prior to cautery with silver nitrate, copper sulphate pencils, or with copper aluminate (lapis divinus), for extraction of foreign substances from the cornea; before passing Bowman's catheter: in surgical operations, and in operations for chalazion. We even incline to the opinion that in a case of punctate keratitis combined with iritis, the hyperemia of the conjunctiva had a favorable effect. It is possible that this hyperemia influences the lymphatic

flow in a manner analogous to massage, but we only express this scarcely formed opinion with the greatest reserve.

For most of our present purposes we employ, moreover, a combination of cocaine and Eucaine in the following proportions:

R—Cocaine hydrochloride....4 grains. Eucaine4 grains. Boiled distilled water....1 ounce.

The vascular contractile action of cocaine which, according to Mellinger, retards the healing of wounds of the cornea and of affections of the anterior parts of the eyes, is counteracted by the vascular extension action of Eucaine, and whilst the anesthetic action of both preparations is cumulative, the action of cocaine upon the pupils and accommodation is diminished by one-half.

By injection beneath the skin Eucaine in 2 per cent. solution gives the same results as cocaine, without, however, producing those cases of syncope which are sometimes experienced with cocaine. Previously we have recommended a combination of caffeine with cocaine for hypodermic

injections.

In conclusion we would repeat that Eucaine is an anesthetic of great value, which may be recommended to the attention of every practitioner. The combination with cocaine which we have suggested for ophthalmic purposes appears to us a convenient type which makes it possible to take advantage of the special qualities of both substances, and at the same time to minimize their defects. As Vinci has demonstrated, Eucaine solutions are absolutely permanent, and may be sterilized by heat without fear of decomposition. With cocaine this is not the case.(Revue de Therapeutique Medico-chirurgicale.)

SOLANUM PANICULATUM AS A REMEDY.

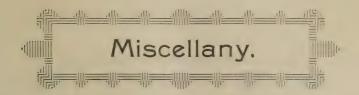
According to the Medicinischechirurgisches Central-Blatt the root of this plant is used by the physicians of Brazil, where it grows, as a purgative and deobstruent in disease of the liver and of the spleen, and has lately been a good deal employed as a tonic, alterative and drastic. particularly in catarrh of the bladder. Although Kobert, who experimented with it, found it inert, Michaelis thinks it is undoubtedly stomachic and useful in biliary colic and in chronic dyspepsia. He gives 16 drops of a fluid extract three times a day.—New York Med. Journal.

EFFECTS OF AMMONIA PIC-RATE IN MALARIA.

BY DR. AMRITA LALL BOSE; INDAS.

Khadu Mia, aged 30 years, was suffering from malarious fever for the last year. This fever with the utmost virulence is prevalent in this part of the country. He had been under treatment since the beginning of the fever. He was overdrugged with quinine, and some of its evil effects when administered in

large quantities were visible. Both liver and spleen were much enlarged. He came under my treatment about the beginning of December. I commenced treatment of the liver and spleen and in a fortnight the enlargement was completely gone. But the patient was worse with regard to the fever. Without failure the fever came at 7 in the evening and continued till next morning: was very pale and weak. I was once more tempted to give him quinine, but the fever rose very high. I stopped quinine and the fever became regular as before. At this stage I discontinued all other medicine and prescribed Ammon Picrate 1-4 grain with Sodii Bicarb 2 grains thrice a day. After two or three days the fever became very low and in a week it disappeared altogether. Since that time I have tried it in two or three more cases with the same wonderful result. -Indian Lancet.



THE BLOOD OF THE GRAPE. BY JOSEPH R. CLAUSEN, A M., M. D.

The clife-giving, life-sustaining qualities of the juice of rich, ripe grapes are co-existent with its life. Pure and unfermented it is a nutrient tonic of inestimable value, containing all the elements necessary to sustain life and to the building up of wasting tissues. Dead, or fermented—for fermentation is but putrefaction—this rich blood of the grape becomes at best but a stimulant of questionable medicinal value.

These facts admitted—and they are beyond question—it remains but to know where this elixir of life can be obtained in all its purity. While several frauds of grape juice have been brought to the attention of the medical profession none have so much to commend them as the product of the Welsh Grape Juice Company, of Vineland, N. J. It is made from the choicest Concord grapes, which lead in medicinal and dietetic properties, and which arrive at greatest maturity in this part of New Jersey. These are pressed and sterilized by improved apparatus, delicately strained and clarified and, after being properly heated in porcelain, the juice, retaining to perfection the delicate grape aroma, is hermetically sealed in new glass bottles. Throughout the process is most cleanly, and when bottled the beautiful, palatable, healthful juice not only retains the rich color, fine flavor and medicinal properties that are the natural product of the Concord grape, but it is untainted by the least particle of alcohol.

The physiological effect of grape juice is significant. Taken in proper quantities and at proper intervals it increases nutrition, promotes secretion and excretion, improves the

action of the liver, kidneys and bowels, and adds to the general health. It is easily digested and may be taken when nothing else can be taken or retained upon the stomach. Its results are specially gratifying in fevers and other wasting ailments and can be used to great advantage during convalescence of all protracted and debilitating diseases.

In short, there are but few chronic or acute diseases in which this pure life of the grape cannot be prescribed to advantage. It has our most hearty and unreserved indorsement.

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NUTRIMENT IN FOOD.

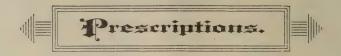
The consumption of mutton is similar to that of beef, and it is about equal in nutritive value to beef. Lamb is about the same.

Smoked ham is one of the most wholesome forms of meat. Ham is more digestible when boiled and served sliced thin and cold.

Veal is less nutritive, possesses more waste and less fat than beef. In Germany it is considered as excellent as beef and is prescribed for invalids, but in England and America it is thought harmful for persons with weak digestions.

Beef is the most nutritious of all animal foods and can be eaten longer continuously than any other kind of meat, resembling rice and bread in this respect. Fresh beef is almost completely digested, more completely than milk is by an adult.

Poultry is good flesh-forming food. Fish is like poultry in its large amount of water and small supply of fat. There is nothing to show that fish is brain food except that the small amount of fat makes it a suitable diet for persons of sedentary habits.



CORYZA.

 $\begin{array}{cccc} R-Uranium \ acetate & \ldots & gr. \ 5\text{-}6-iss. \\ Finely & powdered & roasted \\ & coffee & \ldots & dr. \ iiss. \end{array}$

M. Sig.: A pinch to be snuffed in the nostril two or three times a day.

—La Medecine Moderne.

GLEET.

In cases of post-gonorrheal, gleety discharges Dr. Neilson advises the following injection for daily use:

R—Mercurie chloride1-10 gr.
Zinc sulphate
Boric acid1 dr.
Distilled water 6 fld. oz.—M.
-Philadelphia Polyclinic.

NEPHRITIS.

Poliakoff reports good results from:

R-Lithii bromidgr. xv-xxx.
Sodii bicarb.,dr.j.
Essent menthæ gtt. ij.
Aq. destillat., oz. viiss.

M. Sig.: Three or four tablespoonfuls daily.

-Giornale internaz. della Scienze Med.

BOAS' POWDERS.

These powders are valuable in relieving the attacks of pain in gastric ulcers:

R-Exalgin			 .3.00.
Extract	of bellad	lonna .	 .0.30.
Phospha	te of code	eine	 .0.30.
Sugar of	milk		 . 5.00.

Misce. Sig.: Make ten powders. Take one as the attack comes on. Pure codeine or the hydrochlorate can be substituted for the phosphate.

-Journ. American Med. Asso.

ASTHMA IN CHILDREN.

The following mixture may be given every quarter hour in the dose of a dessertspoonful:

R-Tinc. of belladonna, 5	to	10	drops.
Tinc. of grindelia, 10	to	20	drops.
Tinc. of lobelia, 20	to	30	drops.
Ether	2	to to	4 drs.
Syrup of orange			.4 drs.
Water			3 oz.

When the attack is very persistent moderate doses of antipyrin

sometimes give relief.

Should acute bronchitis or pulmonary congestion supervene the chest should be enveloped in a mustard plaster, the fumigations or inhalations already named be ordered and a teaspoonful of the following given every 15 minutes:

R-Tinc. of belladonna, 5 to 10 drops.
Syrup of ipecac2 drs.
Syrup of orange
Codeine grs.
Ether dr.
Water of orange flowers 2 oz.

Between the attacks the following will prove useful:

Sig.: A teaspoonful after meals.
—Pediatrics.

DYSPEPSIA.

In acid fermentative dyspepsia of children Dr. J. Madison Taylor recommends:

R-Sodi					
Cinn	amon	water, s	ufficient		
to	make			4	OZ.

M. Sig.; Give one teaspoonful

when necessary.

In cases of irregularity of the bowels, whether it be sluggishness of the movements or a tendency to occasional diarrhea, sodium phosphate may be added to this with great advantage.

Philadelphia Polyclinic.



BEREAVED.

Reply to a protest on rain.

The rain may fall, the sun may shine, It seems the same, a lone, sad time:

Drear, gloomy hours, with scarce one ray Of light to drive the dark away.

Despair so whispers, has its say. Hope in the heart refuse to stay; No need to drive the rain away 'Tis just as dark on a sunny day.

The rain, the rain, the pattering rain, Don't fill the heart with aching pain; But brightens up this world of hours. And calls to life most beauteous flowers.

Then let it rain, it suits me well:
The earth but has it weeping spell:
It only makes it seem more bright
When again we have the glad sunlight.
—Mrs. Joseph R. Clausen.

X RAYS AND LACING.

Queen Amelie, of Portugal, who, as everyone knows, is a qualified doctor, has perceived that X rays might be utilized to demonstrate the evils of tight lacing. She has taken photographs of some of the ladies of her court, and has been holding forth energetically concerning the contrast between the feminine form divine and the form as it appears when "improved" by the modern One is sorry to hear that corset. her majesty's well-meant efforts have not met with much encouragement from her entourage. Some of the fair rebels have even gone so far as to flatly refuse to be photographed. If the Queen perseveres, however, she will doubtless be able to regulate the size of waists, just as the Princess of Wales has killed many an injudicious mode by refusing to adopt it. To make a thing "bad form" is far more effectual than to seek to crush it by decrees or discredit by arguments. In England the custom of "squeezing" received its death blow when the Duchess of York was married, and the curious world was informed that the waist of her wedding gown measured 26 inches. Her figure is beautifully proportioned, a fact which no one can look at her and deny.—N. Y. Recorder.

COLOR IN VARIETY.

White dispels the blues. Yellow and scarlet invite hilarity, even a touch of diablerie.

Gray is conducive to calmness.

Pink makes one feel young, pleasant and amiable.

The girl in pale blue is sentimental, with just a touch of vivacity.

There is more truth than poetry in all this. Try it, and you will see. It is told of Wagner that in all his compositions he was assisted by various-hued draperies. Invariably, to induce the love motive the lightest colors surrounded him, while for storm and bloodshed he relied on vivid reds and decided purples; for grief, dull grays and rigorous browns sustained him.

Who ever saw a dejected girl in white? Particularly nowadays, when white means yards of lace and dainty plaitings, all fluff and floating ribbons. Her blues would vanish while she fastened the belt of her skirt. She couldn't help looking out with smiling eyes from under the wide brim of her soft, tulle hat. Presumably, in the first place, no woman who was not nat-

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urally sunny tempered, no woman whose smile was not close behind her tears, would ever take to pure diaphanous white. Diaphanous is written advisedly, for gauze and their fabrics encourage good spirits and cheerfulness. Stiffened piques and starched linens, on the contrary, mean added self-respect and dignity. A certain woman who boasted a small fortune and a long line of ancestors, used to aver that shabby though her dress might be, worn and frayed at sleeves and hem, she could hold her head high and walk in queenly fashion, if only she had money enough to pay her laundry bill and indulge in the consciousness of a clean, starched undershirt that rustled as she moved.

* * *

If you are bored and tired don't, as you value your disposition, clothe yourself in black or any other dark color. Get out your daintiest pink gown or select your most brilliant scarlet one. Feast your eyes on it, drink in its wealth of color, and acknowledge that already you feel better. Before you know it you will be joking and laughing with the friend whom you found dull a half an hour before.

When you are restless, when you are cynical, help yourself to repose back to delicious sentimentality by means of your wardrobe. You can, all women can. Balzac, who knew women better than any man who ever studied them, says repeatedly in his "Comedie Humaine" that a badly-dressed woman is never agreeable and good-humored. He says it variously, but he says it positively.—Exchange.

TO PRESERVE POLISHED FLOORS.

No rollers should be used on furniture over polished floors. Each part which touches the wood should be fitted with a piece of thick felt securely glued on. This protects the floor and allows easy movement.

These floors require only the sweeping with a hair brush and the

wiping with a dust mop or soft cloth.

Wax, alone, gives the highest polish, but is always slippery. It should be rubbed on evenly. Any little bits remaining will show as black specks after the polishing. The brush should be used across the grain at first, afterward with the grain. Wax and turpentine furnish a less degree of polish, which is, therefore, less slippery, while the addition of paraffine oil lessens it still more. If it be desired to keep the floor very light the oil mixture should not be used, for oil always darkens wood.

* * *

Water is the worst thing that can be applied to any waxed surface. A damp cloth may be used. All spatters or drops of any liquid should be wiped up immediately. When spots come—as come they will—rub them hard with a piece of thick felt under the foot, or with a flannel moistened in turpentine.

Remember to keep the surface well polished, then dirt cannot stick and substances spilled cannot reach the wood and make spots. With all these precautions the floors which are constantly used will need an entire renovation occasionally. They should then be rubbed all over with steel wood till every spot is scraped out. If the wood has grown dark it may be whitened by a wash of oxalic acid. Rub perfectly smooth and clean before applying the wax or other encaustic.

* * *

A good encaustic which will clean and polish at the same time may be made from wax, sal soda and any good soap. The wax and soap should be shaved and dissolved in boiling water. Stir frequently and add the soda. Put the mixture in something which may be closely covered and stir constantly until cool. This may be applied to floors, furniture, tiles, marbles, bricks, etc. It will remove ink from polished surfaces. The French use white wax on white marbles, but this is not absolutely necessary.—Exchange.

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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 Betz Building, Philadelphia. Pa.

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AN INTRODUCTION TO THE STUDY OF THE MEDICAL JURIS-PRUDENCE OF INSANITY.

BY EDWARD C. MANN, M. D., F. S. S., NEW YORK.

I have aimed to present the subject of the medical jurisprudence of insanity in a manner to bring the science up to its standard. Public policy may require a rule different from that which would meet the approval of the most advanced scientific minds. Rules of law must not only be framed with a view to protect the accused, but also to protect the community, and therefore I have endeavored to be as conpossible. servative as adhering strictly to the scientruth. I claim that scientific truth can never be a dangerous doctrine. Our present theories of crime and criminals will soon have to be abandoned. The advances of scientific knowledge in the field of physiology and psychology, sociology and anthropology contradict and give no support to the present views. A new land of science is waiting to be explored. Crimi-

nals are the result of natural causes and reversionary types. Pre-natal environment plays an important part in the production of criminals, the insane, the idiot and the epileptic. In studying heredity we find that there is an innate predisposi-tion and an element of contagion from the surroundings. Motor activity is prominent, and physical insensibility being below the normal in most cases punishment by pain has less influence on the criminal. Moral insensibility and paralysis of all the higher brain forces are found, suggesting an arrested development. We must study the forces and laws which govern crime and the criminal, and adopt measures of treatment that will antagonize the cause of crime. We find distinct cranial and cerebral characteristics in the criminal. Although the average size of crania differs but little from normal people, there is a

lack of symmetry and a defective development. In the face we see a large. prominent, lower maxillary bone, or We also a thin, retreating jaw. find high cheek bones, large, coarse ears, pallid skin, precocious wrin-kles, anomalies of the hair and a peculiar physiognomy in which the eye is most prominent. In large numbers of criminals there is very striking resemblance. Hearing and the sense of smell are below the average, while the sense of sight is very acute. Physiological psychology opens its researches into the beginnings of life and activity. Arrested development of brain is accompanied by arrested development of mind, and we need to open institutions for the study and treatment of the children criminals, so that we may combat degeneration of the tissues of the brain and thus prevent the child, so far as possible, from growing up a criminal, and by the influence of a good environment train and educate such children mentally, morally and physically. Degeneration of the tissues of the brain must always be associated with impaired function. Such study of such children demands observation and careful, trustworthy records. must collect data in child growth of the children of criminals, if we are going to solve the problem satisfactorily. The senses, motor activity, the will, the sentiments, consciousness of the ego, memory, reasoning. the musical sense, language and expression must all be studied, and records kept carefully. The child's brain grows as much in the first year as in the whole of after life; therefore, if the child be taken at birth out of a criminal environment and placed in a different one, the possibilities would be great for rescuing that child from the career of a criminal and to grow up to marry and breed its like, and for bringing up these children with comparatively normal functions of feeling and knowing, emotion and will-The second generation would be better yet, and in the third we think all traces of a criminal nature would be obliterated. Is this not worth the attention of the Common-

wealth? The subject of Education Environment vs. Heredity, Criminality, etc., does not receive its due attention. A low grade of brain development is susceptible of much modification by judicious training. Brain structure bears a very close relation to mental states and conduct, and the State should prevent the marriage of criminals. Intemperance in parents may produce a defective brain in the offspring and, owing to the correlation of morbific forces, the child may either become a criminal, insane, idiot or epileptic, as the case may be; therefore, too much attention cannot be given to teaching the physiological action of alcohol on man and his offspring. The habitual criminal is what he is, through a perverted and defective organism. He is permeated by vicious heredity, and in addition to all this all his education is, during the most actively formative years, in the direct line of vice. In addition to this, society itself is firmly opposed to the reform of the criminal, and this opposition takes the shape of an ostracism, which makes his every sentence perpetual and which excludes him from the hope of public clemency.

PRE-NATAL INFLUENCES IN THEIR RELATION TO CRIME AND CRIMINALS.

Intensely active molecules of the mother, imperceptible to sense, veritably extra-sensual, are the foundation of all the unborn babe's visible matter. Is it then at all inconceivable that in these physico-mental functions, which of all the operations in nature known to us are the finest and most subtle, there are agencies so fine, so little material, as to be unappreciable in themselves and known only by their effects, viz.: The future life of the unborn There is no difficulty in a mother's enunciating lofty, general, moral principles to her son, but the son who will be most apt to apply the principles to the particular case, which is the great difficulty in morals, will be the one whose mother, while carrying him while yet unborn, gave him a code of exact rules to help him at such practical junc-tures in his future life, by asking God, her Father, each day of her pregnancy, to guide and direct her in all she thought and said and did, and the repetitions of her conduct will not only mould and make her own character, but not less surely that of her unborn infant. A great deal is said about environment. Environment can do a great deal for a boy or a girl, a man or a woman, but always there must be something akin within to vibrate in sympathy with the quality of the power without; if not, the latter has much less influence, and that something within depends very much upon pre-natal influence. You cannot get out of a person emotions which are not embodied in mental structure, and mental structure depends tremendously upon pre-natal influence. How can it be otherwise? The brain of the embryo is the seat of countless multitudes of molecular tremors that are in relation with the actions of the mother's mind and brain, and it is the sum or outcome of the whole of these intimate, intricate and impalpable motions which appear in the illumination of consciousness in the child. It is these infinitely minute and subtle elements of matter of the mother that minister to and form the mental functions of the child. The motives that actuate us in the conduct of life are more often than we suppose the motives that actuated our mothers while they were bearing us. A very supposable conflict in the mind of a young married woman is the conflict between desires. In the supreme centres of her brain the desires will fight out their battles, and, by the struggle which they make for existence, attain and maintain the equilibrium which wil characterize the character of her child in a great measure. The result of this conflict of desires in the mother will be partly determined by the native capacity of her mind its natural heritages and aptitudes, partly by the degree and character of the development of mind, and a great deal by the earnestness and faith of her prayers to God for daily guidance and by

her endeavoring to attain to the true symmetry of life. If we truly want our mental functions of feeling and knowing, emotion and willing, to be performed in their highest possible manner, a manner approximating the divine intelligence, then we must ask divine help. Pupils become like their teachers. Those who walked with Plato in the academy learned his wisdom. Those who walked with Aristotle in the Lyceum learned his wisdom. The companionship of great men is stimulating to the intellect, and conversation with the divine intelligence is productive of moral development and expansion. Girls taken away from the environments of vice and crime while young children and brought up under Christian influences will. when they bear children, bear those who will be much better in moral qualities than their ancestors were, and this process repeated for a few generations will stamp out a great deal of vice and crime in the community.

REGARDING MEDICAL EXPERT WITNESSES.

Regarding medical expert witnesses we would recommend that no person should be permitted by the trial judge to testify as an expert who has not been particularly conversant with that department of knowledge to which such facts as he is to testify concerning belong. Any physician, for instance, may testify about the circumstances of a wound, but only a practical operating surgeon can properly determine whether a given wound will be necessarily fatal. Conduct and conversation may be correctly related by any good observer, but only an alienist physician of practical experience with the insane can say with authority whether the mental manifestations described are indications of insanity. We shall indeed never see absolute, unexceptional agreement, because experience demonstrates that all men do not see and hear the same things exactly alike. Therefore we cannot have unanimity in matters of opinion any more than in matters of fact. An expert is in Court to tell the significance of certain facts that have appeared in evi-Ergo: No man should be permitted to testify as an expert who has not made that class of facts his particular study, and who has not had an opportunity of seeing them displayed on a large scale. All have not had precisely the same experience; therefore you will never see invariable unanimity on the witness stand, any more than you will see one judicial decision express the united opinions of the full bench. I distrust opinions generally when they are unanimous, as I expect to find that several men have unthinkingly followed the first of their number who has expressed an opinion. Discrepancy often implies intelligent thought, instead of incompetence. One great evil is that there are some men who, because they have a little knowledge on some specialty, claim credit for a great deal which they do not possess, and rush to the witness stand to assume a duty for which they are entirely incompetent, and, in their character of experts, their opinions may have the same weight with the jury as those of better men. The question should be for the lawyer preparing the case, who desires the services of an expert, "Has the man I intend to call, as expert in a given department, given his time and attention entirely to such pursuit?"

If not, reject him and find one who has done so, if you expect skilled testimony that will voice science.

A physician who studies his conscientious and case, who is himself to whocommits doubtful theories, need have no fear of cross-examination. expert who goes upon the ness stand and testifies to truth, and nothing but the truth, so far as his opinion is concerned, would very much prefer to be crossexamined by a lawver who has studied the subject than by one who has not studied it. As a rule expert witnesses are treated with respect and consideration while under cross-examination, and it is rarely that lawyers abuse cross-examinations. The present system of calling expert witnesses may have some evils, but, everything considered, it is problematical if any other system that can be suggested would not have equally great disadvantages attending it.

It would be a measure of doubtful propriety to inaugurate any system that would obviate the necessity or do away with the right of cross-examination in open Court in the presence of the jury. Every person accused of crime has a constitutional right to be confronted by his witnesses in open Court, and has a right to have their truth sifted by

cross-examination.



VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYSIOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

INTRINSIC AIDS TO HEMOSTASIS IN SURGICAL HEMORRHAGE.

The term surgical hemorrhage in this instance is used advisedly, for in a general way the management of hemorrhage of a constitutional origin and that accidentally included in trauma, is inevitably induced in operative surgery and is not founded on quite the same principles.

Without our ability to effectively suppress hemorrhage no description of a mutilating or a cutting operation would ever be undertaken

with safety.

All the vitalizing elements of life are in the blood, and hence it may be well that we carefully guard its waste when we propose to divide the tissues.

Let us see what safeguards the surgeon provides against the loss of blood, without the aid of art, and then later consider briefly the preventive or adjacent measures found most useful and devised by the ingenuity of man.

We must first begin with the central organ, the heart, which, as we have seen previously, is not the sole motor of the blood. This engine provides the force for the main arterial trunks. There is another agency searcely less important than the heart in its influence on the circulation, which is the brain, acting through the vaso-motor nerves.

In surgical anaemia cardiac action comes into play in a most salutary manner; in a very large proportion of cases in such a salutary manner as to keep life when every other

hope is lost.

In many operations, especially on the brain or any other highly vascular organ, when its parenchyma is penetrated by a keen edge, the number of arteries divided is large and their ends retract into a soft, pulpy structure, which will not endure positive pressure. Clamping or ligature of them all is quite out of the question. In all malignant growths there is a hypervascularization. This is equally true of sarcoma and cancer.

The coagulating power of the blood is increased, but this is not ample provision when a territory of large vessels is cleft. The main vessels are secured easily enough, but numberless arterioles cannot be secured. Direct positive pressure, styptics, etc., will close most of them, but parenchymatous oozing is troublesome; when suddenly noticed that one patient has been terribly blanched, the respirations are irregular and the heaving of the chest is scarcely perceptible, the pulse can be scarcely detected at the wrist, our patient is in shock, in fact in the shadow of death.

All loss in bleeding must now be arrested and that none too quickly.

Bleeding ceases of itself in the smaller vessels, the field is dry and all oozing has suddenly stopped.

The experienced surgeon knows full well what this means in the midst of a sanguinous operation, and promptly discontinues for a moment until assured that it is only transient: nevertheless takes advantage of the respite to secure any vessels which may have before eluded him. Now, what occurs at this juncture? However authors may disagree in their theories of shock, all are agreed that its dominant feature is cardiac depression and that the vaso-motor system is profoundly effected. Cardiac force is greatly diminished, and the peripheral circulation is at a standstill.

Now, the modus operandi, hemorrhagic arrest upon cardiac insufficiency, is without doubt primarily through the nerve centres. The vessel's walls are not contracted, but collapsed. All muscular tissue is in a state of relaxation, the smoothfibred as well as the striped.

The arterial terminals are empty, for in a paralyzed vessel blood does not freely circulate, especially the artery. A film of plastic fibrin has been lefto ver the intima up to the point where the quiescent blood corpuscles are massed together preliminary to coagulation.

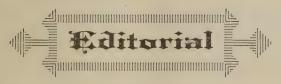
The period of cardiac depression varies according to a great many circumstances, though it should be remembered that its effect on the peripheral vessels continues sometimes for many hours after full cardiac force has been restored. Thus how often do we hear of mortal cases of secondary hemorrhage many hours after an operation. Many times we will find that a snugly applied ligature has been forced off the end of a vessel and free hemorrhage has quickly cut off life?

In some cases it would seem as though cardiac force is renewed with abnormal intensity.

The heart's action then must be regarded as an important factor in operative or traumatic hemostasis. But it is somewhat erratic in certain individuals and should always be regarded as nothing more than a temporary adjunct in those operations necessarily attended with an unusual loss of blood; those of a feeble constitution unable to sustain it.

In young children, who as a rule bear the loss of blood badly, cardiac depression is pronounced early in an operation, although it passes off early, and hence in their cases we must be cautious that all divided vessels are securely closed before permanent dressings are applied.





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SUBCUTANEOUS EMPHYSEMA OF THE NECK DURING DELIV-

ERY BY RUPTURE OF THE TRACHEA OR BRONCHI.

M. Nicaise in Revue de Chirurgie, of July 10, 1896, details an account of this peculiar accident.

Among the accidents which may complicate labor one of the most rare, though none the less grave, is the sudden formation of emphysema of the neck.

It occurs most commonly in primipara, druing difficult labors in those expulsive efforts, attended with violent pains, especially when the crises are repeated. Sometimes the patient is first conscious of it by a choking sensation and a fullness extending up to chin or behind the ears. Commonly the emphy-

sema is not extensive, although occasionally it penetrates through the platysma and bloats the entire face and eyelids. In one very aggravated case Nicaise noted after six hours of very hard labor enormous distension of the subcutaneous tissues In this case death followed the next day.

Although the author has been able to gather the records of 44 cases, this was the only one terminating mortally. It has been supposed by Atthill that the escaping air in these cases came from the root of the lungs, the air vesicles giving way and air forcing along the one

diastinal space along the trachea. Others, particularly Cloquet, believed that the point of rupture was at the bifurcation of the bronchial tubes; while others again have been convinced that the trachea itself, or the crico-thyroid membrane is sundered.

It is doubtful whether it is produced by inspiration or expiration, though more probably by the latter, when the glottis is closed and the diaphragm is violently contracted.

That the trachea is dilated during inspiration and contracted in expiration, as is currently taught, is denied. All authors agree that this type of aerial leakage succeeds very great tension suddenly augmented or when violent expulsive force is demanded.

Emphysema of this variety has been witnessed in singers, speakers and those who play wind instruments. Among the same class sometimes are witnessed wind tumors. (Tumours Gazenses du Con. Rev. de Chir., 1889.) Rupture of the air passages have been observed under other conditions than in labor.

Frank Behr, Rogen and others have witnessed it co-incidentally with squint in whooping cough. As to its frequency in parturition, Finclair, cited by Roche, mentions seven cases in 13,748 labors. In 1892, at the Maternite de Baudeloque, in 1920 confinements met with three cases.

For treatment prophylaxis is necessary, to facilitate delivery, or give moderate doses of chloroform until spasm of the muscles passes away.

Finally, when emphysema is present in any way enjoin strict quiet, support the head and neck, moderately raised.

INDURATED PHLEGMON OF THE NECK.

M. Reebus has lately, in a timely article in Revue de Chirurgie, called attention to an unusual variety of tumefaction of the neck, in its anterior areas, pursuing various courses and presenting not infrequently many puzzling features, at times mistaken for a malignant growth or glandular hyperplasia.

Quenu, Reynier and Poncet have studied it with great care and express different views on its pathogeny. M. Rechis has seen only four cases of it. In some the tumefaction went on to suppurative, opening spontaneously, or divided by the scalpel; in others the dense, painful indurative underwent resolution.

It sometimes develops without any chill or constitutional disturbance.

The mass usually primarily grows low down on the neck just over the clavicle, seeming to rise from under the sternocleido muscle.

On microscopical examination no tubercle bacilli were found, nor any of the bacteria commonly met with in ordinary suppuration. Chains and agglomerations of diplococci were found, some engulfed by leucocytes. But the patients in no instance had recent gonorrhea.

When these phlegmons advance forward on the trachea or larynx life may be imperiled by asphyxia; hence the need of early and deep incision when fluctuating. It is needless to add that in consequence of their close proximity to important nerve trunks and vascular organs caution must be exercised on division of the structures.

In nearly all of those in whom

we meet these enlargements the general health is much reduced; they have lived lives of dissipation, have a feeble constitution with a tendency to premature degeneration of the tissues.

The immediate cause is bacterial. Pyogenic germs habitually found in the air passages under certain depraved conditions of the system, lighting up various grades of inflammation, advancing to destruction or resolution, according to the resisting power in the tissues.

AN UNFORTUNATE OMISSION.

In our issue of August 29 all credit due Dr. Albrecht-Erlenmeyer for his valuable paper on Chemical Demorphinization was lost through a printer's blunder.

When the corrected galley proof was sent back to the printer, Dr. Erlenmeyer's name was at the head of the article, and the translator was credited at the end of it for his portion of the work. The omission was therefore one that could not have been foreseen and was doubly unfortunate because the article has been extensively copied into our exchanges.

—Chandler.





NOTES ON THE USE OF THE CONTINUOUS CURRENT IN ARTHRITIS DEFORMANS, OR RHEUMATOID ARTHRITIS.

BY H. S. JEWETT, M. D., DAY-TON, O.

Read by Dr. Dickson.

The following is presented with the twofold object of placing on record my experience in the treatment of this disease by electricity and of obtaining in return the results of the experience of those fellows whose fortunate connection with the hospitals of large cities has given them the opportunity of studying the effects of the different modifications of electrical force upon this disease.

The disease is too well known to require any description, and the discussion of the etiology, whether of rheumatic or trophic nervous origin, has no place at this meeting. That Osler's statement, "No benefit can be expected from electricity," is a mistake will appear in the following report of a few of my cases:

Case 1. Mrs. J. P., aet. 64; married; has had eight children. When 13 years of age she had a very severe attack of acute inflammatory rheumatism, in which all the joints of both arms and legs were involved, and by which she was confined to her bed for eight weeks. At 18 she had a second severe attack, in-

volving all the joints. This attack was complicated by endocarditis, and left her with mitral insufficiency, which still remains. A persistent pain and stiffness of the joints of the hands and feet began shortly after her second attack of rheumatism, and grew worse steadily, but very slowly, till at the time of my first treatment (June, 1887), she was so bad she could not use either hands or feet; knees and elbows only slightly involved. joints of hands and feet enlarged. Fingers and toes badly distorted and very painful. I first tried the interrupted induced current supplied by a large Kidder coil. The applications were made daily, both locally and generally. At the end of one week I discontinued the faradic current, as no improvement was discernable, and the use of even the mildest current supplied by my coil caused her great pain. I then used the continuous current with large sponge electrodes. Seances one-half hour, the first half of which I applied both electrodes to the affected joints; the balance of the sitting I applied the anode to the affected joints and cathode to spine at base of neck. Strength of current governed by her endurance. Under this treatment the pain and stiffness rapidly subsided and the nodes on the joints diminished perceptibly in size. Daily sittings were given for two weeks, then every other day for two weeks more, when she discontinued

the treatment, as she had better use of hands and feet than she had had for many years. The improvement lasted about a year, when she got caught in a rainstorm and got wet. From this time the old condition slowly returned. When she could no longer use either hands or feet she again had recourse to electricity. The continuous current was used as above described, on alternate days, and at the end of fifth week she considered herself well and discontinued the treatment. The improvement lasted for nearly three years, when she went out into a hailstorm to save a few pots of flowers, and immediately thereafter began to grow worse. Two years ago she came again for relief by electricity. This time I placed hands or feet, with anode, in a "foot tub" filled with warm water and used 4x6-inch clay electrode as cathode over spine at base of neck. At first sitting I found she could not bear more than twenty (20) m. a. on account of the burning of the skin at its contact with the surface of the water, and also under a gold ring she was wear-After the sitting I found the skin very red at the point corresponding with the surface of the water, and under the ring there was a blister. Thereafter I bandaged legs and arms before immersing them, so as to diffuse the current at surface of the water, and had no further trouble, as with them bandaged she could easily bear from fifty-five (55) to sixty (60) milliamperes of current. Improvement was so rapid that she discontinued treatment at the end of the third week and is still able to go about the house and even do some sewing.

Case 2. Miss C., aet. 54. Had one attack of acute rheumatism when 27 years old, both ankles and right wrist and elbow being affected. About 20 years ago first noticed the pain in the fingers of both hands. About a year later both feet became painful. The disease progressed steadily till all joints of both hands and feet, both wrists, elbows, ankles and knees were involved. Has been confined to bed or chair for past ten years. Hands and feet badly dis-

torted; muscles of arms and legs much atrophied. Had tried a faradism several times with no improvement. I tried first faradic and then continuous current. For two weeks the daily use of faradic current, applied both generally and locally, produced no perceptible effect, except to increase the pain in her joints while the current was passing. A four weeks' trial of the continuous current lessened the pain in the joints and improved her sleep, but otherwise seemed to be without effect.

Case 3. Mrs. F., aet. 48; married. Has had seven children. She gives a history of one bad and two lighter attacks of acute rheumatism, affecting all the joints of arms and legs; no cardiac trouble. About 14 years ago the joints of hands and feet began to be permanently sore. Phalangeal joints of both thumbs and both index and middle fingers badly distorted by the enlargement of the articular extremities of phalanges. The other fingers less distorted. Both wrists slightly stiffened. bows and knees not affected. feet and ankles stiff and painful, but no distortion. I began with the faradic current, but she said I "was breaking every bone in her hands," and refused to go on with it. then used the continuous current. with sponge electrodes, one electrode to the affected joint, the other to spine at base of neck. I used 16 to 18 cells, McIntosh battery. Sittings of half hour every other day for six weeks, at which time pain had left hands and feet. She could walk quite well and had good motion in metacarpo-phalangeal joints hands, but the enlargement of articular extremities of phalanges and resultant crippling of the fingers was not affected.

Case 4. Mrs. J. M., aet. 46; married; has four children. Has had numerous attacks of acute rheumatism, the first when 27 years old, the last at 41. For the past 12 years she has had constant pain and stiffness, both hands, wrists and elbows; lower extremities not affected; joints of fingers much enlarged and distorted; can feed herself after the

food has been cut up for her, but cannot dress herself. As legs are not implicated can go about as well as ever. The constant current was used with hands wrapped in clay for one electrode. The other, large clay electrode to the spine at base of neck. Current used was from twenty-five (25) to thirty (30) milliamperes. Sittings one-half hour each day for two weeks, after that every other day. After four weeks' treatment the pain almost entirely gone and the joints (probably owing to freedom from pain) slightly more mobile. But here the improvement ceased, and as no further advance in mobility was perceptible the treatment was discontinued at the end of the eighth week.

Case 5. Mrs. D. B., aet. 31. Has had three children, the youngest 5 vears old. Has had repeated attacks of acute rheumatism, the last about two years ago. Some 13 years ago the joints of feet, ankles and knees became continuously painful and swollen, so that she had to give up housework. But she assisted her husband with his tailoring. About nine years ago the hands, wrists and elbows were implicated and all the joints began to enlarge. She continued to grow worse, and muscles of arms and legs to atrophy. For past three years has been completely bedridden. Arms and legs not much more than skin and bone. Thighs less atrophied. Treated her daily, using faradic current a half hour and then the continuous current for 20 minutes. Faradic applied generally and also locally to arms and legs; the galvanic by means of soft clay, to hands and feet, and large electrode to spine at base of neck. She would be free from pain for about an hour after each application, but as no other effect was noticeable, the treatment was abandoned after a month's trial.

Case 6. Mrs. B. K., aet. 48; widow. Had one child. Eleven years ago had one attack of acute rheumatism, affecting both feet, knees and left elbow. For past five years has had continuous "rheumatic" pains in both hands, wrists and elbows, also in both feet, knees and hips. Fingers

slightly distorted and very stiff; wrists and elbows stiffened, but not distorted. Knees and feet pain her most and are so stiff she can barely stand on them and cannot walk at all without support. Muscles not atrophied. Continuous current used 20 minutes every other day, with bandaged feet or hands in water with one electrode, the other to spine at base of neck, using 40 milliamperes current. Six weeks' treatment gave marked relief from pain and decided reduction of the stiffness of the joints. She could walk slowly about the house without support and even ascend and descend a few steps. Treatment suspended owing to her removal from the city.

Case 7. Miss E. E., aet. 25. Has had no acute rheumatism. Arthritis deformans began eight years ago. All the joints of the body except spine and jaw are involved. Knees, ankles and all joints of both feet are immovable; hips very stiff; very slight motion in fingers and wrists: elbows anchylosed; shoulder joints much stiffened. Large nodules on elbows and knees; all joints of hands and feet much enlarged; muscles of arms and legs badly atrophied. Has been absolutely helpless for past two years. Sleeps very poorly; appetite very poor; has not menstruated for more than a year. She was very anxious to try electricity, though I gave her no hope. Tried faradic current from wire coil, singing rheatome, but had to stop immediately owing to the pain it produce in hands and wrists. Then used the continuous current. Applications were made every other day. Seances half an hour. Began with 17 m. a. and gradually increased to 30 m. a. (all she would bear), using at first clay electrodes and later immersing hands and feet in warm water. The latter method was much more agreeable to her. Treatment was continued for eight weeks with no perceptible improvement of mobility, but the appetite improved, the bowels became more regular; there was marked diminution pain, she slept better and finally menstruation returned.

All the remaining cases on my note books are cases of pure arthritis deformans with no history of acute rheumatism, like case 7, which was chosen as an extreme of the disease. They differ from case 7 only in degree or number of joints attacked, amount of pain, stiffness and distortion of joints and extent of atrophy of the muscles. In all those cases, having no history of acute articular rheumatism the only good I have been able to accomplish has been to give more or less relief to the pain, procure better rest and an improvement of the general health. The atrophy and joint affection remained unimproved. I have not seen any evil effects result from the use of the electricity. But in those cases having a history of acute articular rheumatism preceding the arthritis deformans, decided effects were attained by the use of the continuous current. pain was always removed more or less completely, and with the removal of the pain there was increased mobility of the joints. one of my cases the enlargement around the joints was partly moved.

I am well aware of the fact that the number of cases seen by me is so small that no definite conclusions can be based upon them, and therefore hope that the fellows of this association will report their experiences, stating the modification of electrical energy used and the results; as the disease is acknowledged to be incurable, everything that offers any amelioration should be promptly added to the meagre armamentarium now in our hands.

My own experience has been confined to the use of the interrupted induced current as supplied by a large Kidder coil and, more lately, by a long wire coil with singing rheatome, and to the continuous current. In my earlier use, as I had no meter, I was obliged to control the current entirely by the sensations of the patients; now I practically do the same, though I know exactly how much current is passing.

My experience with the faradic

current has been entirely unfavorable. The continuous current, on the other hand, has rendered good service, about 30 per cent. of cases being decidedly improved in every respect; another 30 per cent. improved in general health, appetite and sleep, though no betto the joint affection as muscular atrophy, while in the remaining 40 per cent. the results were nil, or at least, not appreciable either to patient or myself.

DISCUSSION.

Dr. Smith: This is an important subject, gentlemen. These patients are the pitiable objects of our commiseration, and if we are able to keep them with the continuous current or by other means (they are considered almost hopeless cases by any other method), it would be a great boon to them and a great credit to electro-therapeutics.

Dr. Walker: Unquestionably, now with the powerful static machines the results in chronic articular rheumatism and rheumatoid arthritis are satisfactory and brilliant. In my earlier experience I was disappointed with the results of the galvanic current, but with the direct spark applied to the deformities the improvement is very satisfactory. Then general health improves, sleep comes and pain disappears, and in many cases you will have complete liberation of the joints affected.

Dr. Morse: I have used the gal-

Dr. Morse: I have used the galvanic current in these cases without much result. But with the strong spark I have got good results. The more recent the case the more satisfactory the result. It is absolutely necessary to use as powerful a spark as the patient can stand.

Dr. Smith: I would like to ask Dr. Walker how he applies it.

Dr. Walker: I have the patients carried down and insulated, and apply as hot a spark to the joint as they can bear without feeling afraid of it—giving a light spark till they become inured to it, so that they do not mind it. In ten days they will take with pleasure as strong a spark as can be given by the machine.

They go away practically longing to get back to the machine.

Dr. Smith: Does the spark go through the joint?

Dr. Walker: We apply the spark so that it will go right into the joint.

Dr. Bishop: Is the application made directly to the skin or through the clothing?

Dr. Walker: It does not make any difference. If you want to particularize any local swelling, apply directly.

Dr. Gerin: I have had a limited experience in using the static spark, but very good results. One case I had was of a year and a half's stand-

ind. I first saw Dr. Morton apply the static spark in that case. In three weeks the patient could throw away both crutches and get along with a cane. At the end of six weeks he could throw away the cane. I apply it through the shoes and clothing. I have seen the continuous current used and, I think, with some benefit, although cases where the static spark is applied give better results. I very recently had a case for three or four weeks under care where the static spark was applied where the trouble had existed for eight or ten years. In that case I did not get good results, yet I think there was some apparent improvement.



PROGRAMME OF THE PRO-CEEDINGS OF THE SIXTH ANNUAL MEETING OF THE AMERICAN ELECTRO-THERA-PEUTIC ASSOCIATION.

This will be held in Allston Hall, the Studio Building, Clarendon street near St. James avenue, Boston, Mass., Tuesday, Wednesday, and Thursday, September 29, 30 and October 1, 1896. Members of the profession are cordially invited to attend.

FIRST DAY, TUESDAY, SEPTEMBER 29-MORNING SESSION, 10 O'CLOCK.

ORDER OF BUSINESS.

1. Calling the meeting to order by the president, Dr. Robert Newman, New York City.

EXECUTIVE SESSION.

- 2. Discussion and vote upon amendments to the constitution and by-laws.
 - 3. Election of new members.
- 4. Reading of the minutes of the last meeting.

5. Unfinished business.

- 6. New business, resolutions, etc.
- 7. Reading notes from absentees. SCIENTIFIC SESSION.
- 8. Reception of guests.

9. Address of welcome.

10. Response.

11. Address of the president, Dr. Robert Newman, New York City, "The Want of Education in Electro-Therapeutics in Medical Colleges."

12. Report of Committee of Ar-

rangements.

REPORTS OF COMMITTEES ON SCIENTIFIC QUESTIONS.

13. On induction coils and alternators, Mr. A. E. Kennelly, Philadelphia, Pa.

14. On meters, Dr. M. A. Cleves.

New York City.

15. On static machines and condensers, Dr. W. J. Morton. New York City.

16. On constant current generators and controllers. Dr. W. J. Herdman, Ann Arbor, Mich.

17. On electrodes. Dr. C. R. Dick-

son, Toronto, Canada.

18. On electric light apparatus for diagnosis and therapy, Dr. J. H. Kellogg, Battle Creek, Mich.

PAPERS.

19. What Can be Done by Means of the Use of Electricity to Avoid Surgical Operations. Dr. G. Betton Massey, Philadelphia, Pa.

20. Electricity in Chronic Non-Suppurative Affections of the Uterine Appendages. Dr. F. Shavoir, Stamford, Conn. Discussion by Dr. G. Betton Massey, Philadelphia, Pa.

21. Electricity in the Treatment of Diseases of the Throat and Nose. Dr. O. B. Douglass, New York City.

22. Electricity in the Treatment of Diseases of the Larynx. Dr. W. C. Phillips, New York City.

AFTERNOON SESSION, 2.30 TO 6 O'CLOCK.

23. Discussion.—Accidents and Risks in the Use of Street Currents. How Far Are They Practical and Safe in the Use of Therapeutics? Mr. J. J. Carty, E. E., New York City. Discussion by Mr. John J.

Cabot, E. E., Cincinnati, O.

24. Accidents and Risks in Using Electricity Generated at Central Stations and Transmitted Over Underground and Overhead Wires to Operators in Electro-Therapy .-Danger to Patients and Operators and How Prevented. Also Liability of Physicians Using the Same. Digest.—Showing the danger to patients and operators, the utter unreliability of fuse wires, resistance coils and incandescent lamps as a preventive of excess flow of current into patient. The liability of and danger due to the crossing of operator's wire by wires carrying high tension current, both direct and alternating. Mr. John J. Cabot. E. E., Cincinnati, O.

25. Experiments Upon the Effects of Direct Electrization of the Stomach. Dr. Max Einhorn, New York

City.

26. Electricity in Diseases of the Stomach. Dr. David D. Stewart,

Philadelphia, Pa.

27. The Static Current in the Post-Apoplectic State. Dr. John Gerin, Auburn, N. Y.

EVENING SESSION, 8 O'CLOCK.

28. Lecture I.—The Electrical Principles Generally Used in Medical Treatment. Professor William L. Puffer Boston Mass.

L. Puffer, Boston, Mass. 29. Lecture II.—The Relations of Physics to Physiology. Professor A. E. Dolbear, Tufts College, Mass.

SECOND DAY, WEDNESDAY, SEP-TEMBER 30-MORNING SESSION 10 O'CLOCK.

30. Electro-Therapy in the Treatment of the Nervous. Dr. W. S. Watson, Fishkill-on-Hudson, N. Y.

31. The Role of Electricity in the Treatment of Uric Acid Diathesis. Dr. J. G. Davis, New York City.

32. Some Observations in Electro-Therapeutics. Dr. D. R. Brower,

Chicago, Ill.

- 33. The Physics of the Production of the X Rays. Mr. Edwin Houston, Ph. D., Philadelphia, Pa. Mr. A. E. Kennelly, F. R. A. S., Philadelphia, Pa.
- 34. Treatment of Strictures by Electrolysis versus any Other Treatment. Dr. F. H. Wallace, Boston, Mass.
- 35. The Newman Method of Urethral Electrolysis; Its Advantages and Reasons Why Some Operators Fail. Dr. Francis B. Bishop, Washington, D. C.

36. Faradism in Gynecology. Dr.

R. J. Nunn, Savannah, Ga.

AFTERNOON SESSION, 2.30 TO 6 O'CLOCK.

37. Discussion.—The Motor Dynamo, Adapted to Electro-Therapeutic Work. Dr. W. J. Herdman, Ann Arbor, Mich. Discussion by Mr. Edwin W. Hammer, E. E., New York City. Dr. G. J. Englemann, Boston, Mass.

38. The Application of Electricity to Surgery. Dr. J. W. Herdman,

Ann Arbor, Mich.

39. A Summary of the Ultimate Results in 86 Fibroid Tumors Treated by the Apostoli Method. Dr. G. Betton Massey, Philadelphia, Pa.

40. Some Experiments in the Construction of High Tension Coils and Electrodes. Dr. Frank W. Ross, A. M., Elmira, N. Y.

41. Electricity Considered in Its

Relation to Surgical Gynecology. Dr. O. S. Phelps, New York City.

42. A Clinical Report of a Case of Rectal Phlebitis Treated with Galvanism. Dr. D. B. D. Beaver, Reading, Pa.

43. On the Electro-Therapeutics of the Constant Current. Mr. A. E. Kennelly, F. R. A. S., Philadelphia, Pa.

44. Title to be announced. Dr. M. A. Cleaves, New York City.

45. Title to be announced. Dr. Fred H. Morse, Melrose, Mass.

EVENING SESSION, 8 O'CLOCK.

Executive Session.

46. Election of officers for ensuing year, 1897.

Nine O'Clock.

Reception to the members of the American Electro-Therapeutic Association and their friends by the medical profession of Boston, Mass.

THIRD DAY, THURSDAY, OCTOBER 1-MORNING SESSION 10 O'CLOCK.

47. Communications.

48. Unfinished business.

49. New business.

50. Continuation of the reading of papers.

AFTERNOON SESSION, 2.30 TO 6 O'CLOCK.

51. Visit to Professor Elihu Thomson's Electrical Plant, Lynn, Mass.

THE INDISPENSABLE FLUORO-SCOPE.

What the microscope is to the histologist, or the compass to the explorer, the fluoroscope is to the investigator of X-ray phenomena in diagnosis. Every physician who experiments in this field is constantly seeking two things—a Crookes tube of superlative efficiency and a fluorescing screen that will transform its radiations into light. Not long ago an electrical journal published an inquiry from a subscriber asking if any good fluoroscopes were made and where they could be procured.

I have also received inquiries by mail.

In comparing a number of these essential tools to the skiagraphist I have so far discovered none equal to the so-called Edison Fluoroscope, manufactured by Aylsworth & Jackson, the chemists, of Orange, N. J., who assisted Mr. Edison in his tests. I presume they are furnished by all dealers in electrical apparatus. The ordinary sizes are 5x5 and 5x7, costing \$10 and \$14 each. Screens of any size can be made, however, and for photographic work a specially prepared screen is required for use

in the plate holder. If any of our subscribers desire to report their results in this department they are cordially invited to do so, as we believe the subject is one of great interest and value to the medical profession.

The Brooklyn Post Graduate School of Clinical Electro-Therapeutics was formally opened on September 7, and was a success from the start, an unexpected interest being shown in the proposed work.





TUNG DER CONCEPTION—EIN STUDIE FUER PRAKTISCHE AERZTE UND GEBURTSHEL-FER—Von Dr. Hans Ferdy, Sechste Neu Bearbeitete Auflage, Heuser Verlag.

In this pamphlet of 76 pages we have in clear, simple language every known method of avoiding conception, with the advantages and disadvantages peculiar to each way.

Dr. Ferdy's book commences with a history of the employment of various anti-conceptional methods and the pathological conditions calling for the use of the same.

The yearly death rate of parturient women in Germany alone is over 11,000; what can it be in the whole of Europe and America among those people usually known as "civilized?"

1. "Coitus interruptus" is the oldest known and simplest way of avoiding conception; we find it mentioned in Genesis xxxviii: 7-10. This "coitus interruptus" is almost invariably followed after a longer or shorter time by some form of neurasthenia. Ejaculatis precox, or ejaculatio ante immissionem penis is, as a rule, the resulting change in the male.

2. Compressio urethrae hominis ante ejaculationem is a method much used in Siebenbuergen and in many parts of France.

3. The Condom.—This was first used as a protection against syphilis, and the first of which we have

any record were made in Italy about the middle of the fifteenth century. Linen was the material then used for their construction.

Dr. Ferdy mentions three varieties of condoms: A, those made from the coecum of sheep; B, those made of rubber, and C, a variety of the latter that covers the glans penis only and con not be "libelled"

SOLD FOR THE PREVENTION OF DISEASE ONLY.

The use of condoms is recommended by the author, who suggests that a vaginal irrigator filled with warm water be kept in readiness in case of accidents.

4. The Pessarium Occlusivum.— The occlusive pessary, commonly known as a womb veil, when of correct dimensions and well applied is of value as an anti-conceptional instrument. Its value is naturally increased by a post-coital vaginal irrigation.

5. Dr. Giovanni Tari, of Naples, says that the poor women in Italy try to avoid conception by sitting up in bed immeditely post coitum and bringing about an expulsion of the sperma by coughing and pressing upon the venter.

Soranus, of Ephesus, who lived in Rome about the beginning of the second century, describes the procedure in almost exactly the same words.

6. Clean, Soft Sponges.—Small sponges, carefully freed from sand and with a silk thread attached to

facilitate their removal, are moistened and passed into the vagina.

Conception in spite of their use

is no rarity.

7. Vaginal Injections Post Coitum.—These may be taken with pure warm water, a 2 per cent. aqueous solution of carbolic acid, a 1-2 to 1 per cent. aqueous solution of copper sulphate, a 2 per cent. aqueous solution of zinc sulphate, etc., etc. Injections may be taken in the sitting or reclining posture, preferably the latter. The temperature of the water used should never be under 30 C., because cold water vaginal injections post coitum may be the cause of uterine colics, salpingitis, oophoritis, etc. Whatever injection may be used, they are of no value if the sperma has entered the uterus.

8. A London druggist brought vaginal suppositories into the market in 1886. These were made of cocoa butter and contained chloride of quinia. Professor Kleinwachter, of Czernowitz, found them to be valueless and recommended the substitution of boric acid for the quinia salt. Dr. Ferdy considers neither as

absolutely safe.

9. Dr. C. Capellman, of Aix la Chapelle, considers that the only "moral" way of preventing conception is "abstinence from coitus for two weeks following the beginning of menstruation, and for the four days preceeding the following menstruation." Raciborski recommended the same thing in 1855, but five years later had changed his opinion.

10. In the Sunda Islands the native women escape conception by having an artificial ante or retroflexion of the uterus brought about.

This is unknown in Europe.

Dr. Ferdy closes his work with a review of all known methods and recommends as the best, in his opinion, the coecal condom; 2. The rubber condom covering the glans penis only; 3. The pessarium occlusivum.

-Chandler.

ADEPS LANAE, "N. W. K." Illustrated. The Adeps Lanae Co., 99
Nassau Street, New York, Pub.
This little monograph on the em-

ployment of pure natural wool fat as an ointment base is a neat one. The illustrations are excellent, and the literature points out the various applications of this excellent base for ointments.

"AMERICAN DRUGGIST AND PHARMACEUTICAL RECORD" SPECIAL ANNIVERSARY NUMBER. NEW YORK, 1896.

No greater evidence could be given of the remarkable evolution in trade journalism of late years than what is exhibited in the above issue of the "American Druggist and Pharmaceutical Record" of August 25. Typography and illustration of the highest character, such as only a decade or two ago would be found in the very best magazines and weeklies, are here shown in the latest developments of art. This number is understood to be the largest single issue of a pharmaceutical journal ever issued, and its contents are particularly valuable and interesting.

Over 19 pages are devoted to a fully-illustrated report of the proceedings of the American Pharmaceutical Association meeting, held at Montreal, Canada, a few weeks ago. Besides this there is a special report of the British Pharmaceutical Conference, at which were read many valuable papers on the chemistry and pharmacy of important drugs.

The interest attaching to Oriental and far off countries in association with the prescription end of the healing art finds full expression. One of the principal articles consists of the story of a strange and extraordinary discovery of the oldest medical prescription in existence, as well as of the practice of pharmacy in ancient Assyria and Chaldea as revealed in the cuneiform inscriptions. This is from the pen of the well-known philologist, Charles Sotheran.

Pharmacy as now practiced in faroff Hindostan is described in vivid language by William Mair, a resident of Calcutta, who tells of the immense sale there of American rem-

edies.

The Chinese boast of a past stretching away into the dim mists of antiquity, and the wonderfully quaint manner in which pharmacy is carried on by this ancient people, as told by William E. S. Fales, former United States Consul at Amoy, China, constitutes as pleasing a story as it is possible to imagine.

The "American Druggist" in order to not only have good literary material in its various issues, but also to foster a spirit of emulation among the trade, has been in the habit of having prize competitions of three classes. The winners in their latest literary tournament are announced, and the first prize essay and prize practical formulas are printed in this anniversary number. The best of these, "How to Advertise a Drug Store," is from the pen of D. L. Grimes, of Connersville, Ind., and he unquestionably could give points to some of the smartest agents of the advertising business.

John W. Ballard, who is also the winner of a first-prize essay, has succeeded most admirably, in his "Side Lines for Druggists," in presenting a phase of pharmacy which is of paramount importance to the trade. Messrs. H. B. Dunham and H. L. Grimes have invented some new formulas for soda syrups and for which they are recorded as prize winners. Wild Strawberry Phosphate, Champagne Kola and Cold Ripe Persimmon soda syrups will doubtless be the latest departures in cooling summer drinks. The Kola-Kola thirst allayer of Mr. Grimes is worthy of the genius of the late Sam Ward.

Particularly noticeable to the layman not acquainted with the mysteries of the art of Galen is the discussion in the "American Druggist" on "The Training of the Pharmacist." Some of the propositions made will be doubtless startling to old-fashioned moss-back druggists, who will doubtless resent some of what they consider the dangerous innovations in teaching methods proposed by eminent professors of the principal colleges of pharmacy in this country. The controversy that has been going on for some time as to the experience requirement by colleges is here

ably argued from the opposing sides. Edward L. Milhau, who, under the caption of "Stand Fast, New York," insists that experience before graduation is necessary, is most ably answered by Dr. Willis G. Gregory, of Buffalo, and William Bodemann, of Chicago. John W. Ferrier, one of the leading New York pharmacists, also has an article of strength and lucidity supporting Mr. Milhau's position.

After carefully examining the 260 pages constituting this remarkable magazine, it is impossible to believe other than that the finality of trade journalism has been reached and that the "American Druggist" must have the hearty sympathy and recognition of all the factors in pharmacy to which it looks for patronage. This is plainly evidenced more in the pages of advertising than even in the brilliant reading matter. The great cost for illustration and of real artistic merit which many of these advertisements display, is conclusive that the publishers of the "American Druggist" have no new fields to win in what means pleasure to their readers and profit to themselves.

THE NURSING WORLD BEDSIDE RECORD; for the Use of Physicians and Trained Nurses. Supplied by John Carle & Sons, 153 Water Street, New York.

This is a blank chart for recording temperature, pulse, respiration and physicians' orders, with nurses' observations. It is very complete and concise, and is the outgrowth of a prize competition amongst the readers of the "Nursing World." Aside from the advertising intended by the Imperial Granum Company, they have placed at the disposal of physicians a remarkably good aid to the management of cases, and there should be a large demand for these blanks.

THE EXPERIENCE OF SEVERAL PHYSICIANS WITH SERO-THERAPY IN TUBERCULOSIS. By Paul Paquin, M. D., St. Louis, Mo. Reprinted From the Journal

of the American Medical Association, August 16, 1896.

THE EMINENTLY SCIENTIFIC NATURE OF OUR PATENT AND COPYRIGHT LAWS. The Klebs Antiphthisin Case. By F. E. Stewart, M. D., Ph. G., Detroit, Mich. Reprinted From the Journal of the American Medical Association, August 22, 1896.

The title of this little monograph hardly gives an adequate idea of the intention of the author in writing it. Dr. Stewart discusses the application of our patent laws to medicine, and argues quite acceptably that patent laws for private gain should

not be allowed where the public is not benefited.

BOOK NOTES.

The last edition of Dr. Marchand's book on the therapeutic applications of Peroxide of Hydrogen, Hydrozone and Glycozone is just out. It contains much new and valuable material from various writers and abstracts of articles, among which is one on Parsons' Practical Theory and Treatment of Pulmonary Tuberculosis. Every one of our readers should get a copy of this new edition, which may be obtained by writing to the Drevet Manufacturing Company, 28 Prince street, New York City.





THE MANAGEMENT OF TY-PHOID PATIENTS.

An interesting discussion recently took place before the Richmond Academy of Medicine on the treatment of typhoid fever, a subject of constant interest since the views of physicians still differ so widely in many particulars. Dr. L. B. Edwards, who took a prominent part in the discussion, suggested a line of treatment which in his hands had given excellent results. A prominent feature is the use of phenacetine in small doses. He had found that doses of this drug not exceeding two or three grains every three or four hours, so as not to exceed 20 grains a day, are safe, and usually effective in keeping the temperature down to 101 degrees or 102 degrees. In moderate doses it will not reduce the temperature beyond the normal. The author calls attention to the curious observation that Phenacetine acts best in reducing fever temperatures during the hour after 10 of 11 o'clock in the day, and that there is not much to be expected of it after midnight administration. He often combines it with strychnine or digitalis and invariably gives it in combination with some antiseptic, such as salol. It is not improbable, he thinks, that its long continued use in small doses favorably influences the typhoid ulcers of the small intestines, since the value of

phenacetine as a local application is well recognized. Between the doses of this remedy he has come to rely with much confidence upon the "chlorine treatment," as described many years ago by Watson, later by Murchison and more recently by Yeo. Aside from the medicinal treatment there are other essentials in the management of typhoid patients, as recumbency, quiet of surroundings, the sufficient use of water as a drink and the topical use of cool water, sponging or wet packs, the supply of proper nutritious fluid diet, the care of a faithful, well-trained nurse. For the past eight years Dr. Edwards has adopted the general line of treatment above described with the loss of only a single case, and that one in which he did not follow the principles of which he has made mention.

THE FATHER KNEIPP CANCER CURE.

Reports have now and then reached the United States of certain marvelous cures wrought by the pastor of a little Bavarian village in cases given up as hopeless by the regular practitioner. M. Ernest Goethals, in a work just published in Paris, gives a most fascinating account of Father Kneipp's methods, which are as extraordinary as they would seem to be successful, and

which are certainly worthy of more attention than they have received so far from medical science.

The whole secret of Father Kneipp's method consists in regenerating the blood and insuring its normal circulation up to the extremities of the body. Forty years of experience, study and patient observation have led him to this conclusion, that, every malady being caused by the presence in the organism of hurtful elements, it is in the essential principle of the organism, in the blood and not elsewhere, we should seek for the sole cause and origin of all diseases. Every malady is but the resultant of a general disorder, accidentally localized in such or such a part of the body, or affecting such or such an organ in particular. A separate treatment of this organ may cure it without doubt, thanks to the skill of the practitioner; but the principle of the malady is not, therefore, eliminated from the general economy, and is susceptible of reappearing afterward, either under the same form or under a new form affecting different characteristics. The true method, according to Kneipp, is to treat the entire organism from top to bottom by the restoration of the blood, and this theory will hardly be disputed, for it has not even the merit of novelty. But where the Bavarian pastor overturns all the traditions of Hippocrates and Galen is in the means to be employed and, above all, in the way of applying them. Kneipp, while having a strong sense of the value of simples, the humble little herbs of the woods and meadows, employs generally only water—water, the simplest and least costly agent, which we have at hand always and everywhere; because it alone can act on all the parts of the body simultaneously, quickly and in a sure fashion. But in the hands of Kneipp water is not only a powerful agent of reaction, it is, moreover—and this is his great innovation—in his system an element of penetration and absorption. He wishes the body to be saturated through the medium of the skin with the greatest possible quantity of water at regular intervals. And

hence his formal prescription to his patients never to dry any part of the person on leaving the bath except the hands and face.

The most singular feature, however, in the Kneipp system is the method of curing cancer, and the wonderful success that has attended it.

It is now over thirty years since the Bayarian pastor began to treat cancer, and there has not been a single instance of failure. His modesty and freedom from ambition account for the fact that his name is not a household word everywhere. Lately when the so-called wonderful discovery of Koch was agitating the world, Father Kneipp held his peace and continued his cures in silence. Probably as little would be known of him as was of the Oberammergau Passion Play half a century ago but for the number of patients that have flocked to him from every part of Europe during the last five years.

Here, too, nothing can be simpler than the treatment; water is also the base of the system. In its diverse and alternate applications it serves to stir the blood, give activity to the circulation and drive to the epidermis the humors it carries with it. But to expel them altogether water alone would be insufficient; recourse is had to a local external agent, clay, which, after being long and carefully diluted in nine parts of rain water and one of vinegar, is laid in thick layers over the whole face, the operation being repeated twice a day.

Before each new operation every particle of the preceding layer is carefully wiped off and the flesh cooled by a detersive and resolvent lotion made from a decoction of simples. Thus we have the clay which draws the unhealthy humors and dries the sores, the vinegar—an antiseptic—which heals them, and the lotion, which aids in the normal reconstitution of the tissues. Sometimes when the bite of this gnawing monster has been peculiarly deep, and after the first symptoms of cicatrization begin to show themselves, a plaster of white cheese is laid under the clay, and the calming and cooling action of this agent is a potent auxiliary at this period of the cure.

M. Goethals learned from Dr. Tacke, one of the staff attached to the clinic of Woerishofen, that over three hundred cases of cancer were treated during the present year. Of these more than half obtained their exeat, after a formal verification of their complete recovery. Various circumstances obliged the others to return to their homes before a final cure was effected. But they were all so far advanced on the road to health that they are now probably as

well as the rest. Moreover, and this fact is of very great importance—it is the opinion of Dr. Tacke that it is by no means necessary to have recourse to Father Kneipp in order to cure cancer according to his meth-The treatment is so simple that any one can apply it to himself. It is also perfectly harmless. In fact, by a singular and remarkable property, the clay, when applied in the manner stated, attacks the diseased tissues only, the sound flesh remaining entirely sheltered from its action.

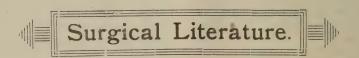


PLEURAL EFFUSION.

Baccelli (Il Policlinico, June 15, 1896) draws attention to a sign formulated by him as an aid to the differential diagnosis of fluids in the pleura. If the patient is made to utter the word "trentatre" (Italian 33) in a whisper, every letter of the word will be heard in case the fluid is very thin, but in proportion as this becomes heterogeneous, and especially if purulent, the letters are gradually lost up to final disappearance of all conduction. The first letter to go is "r," then "t," then "n," and finally the vowel sounds. To hear this "Baccelli's phenome-

non" one should use direct auscultation in the antero-lateral and inferior regions of the thorax, and without any stethoscope. The author goes so far as to say that even if the whole symptomalogy of the case indicates a purulent effusion, the presence of this transmission of the whispered voice would be sufficient to negative such a diagnosis. The theory that every pleurisy is tuberculous finds no favor in the author's eves. In the treatment sod. salicyl. is recommended in the early stages and digitalis purpurea, digitalin and caffein in the later stages, when the urine is rather scanty.





MELANCHOLIA CURED BY OPERATION.

A man, aged 42, suffered from depressive melancholia, at first periodical, but later constant, and became unfitted for business. He complained of the eyeballs feeling as if too large for the sockets, and of a bursting pain between the eyes; at different times had been operated on for varicocele, stricture, ligation of pudic artery, removal of testicles and hemorrhoids; had worn glasses; had his eye muscles cut and one eye enucleated; had been circumcised; his spine cauterized, and had worn a seton in his neck. Examination of the nose showed the right nostril nearly occluded by a thickened bulging of the cartilaginous septum, and the left middle turbinate thickened, with myxomatous degeneration and evidences of ethmoid disease. The nostrils were freed with saw and snare, and all symptoms quickly disappeared.—Bosworth, in International Medical Magazine.

DEATH AFTER EXPLORATORY PUNCTURE OF HYDATID CYSTS.

Chauffard (Sem. Med., August 8, 1896) records a case in which an exploratory puncture was made to confirm the diagnosis of hydatid cyst

of the liver. Every antiseptic precaution was observed, and the fluid withdrawn was characteristic and clear. No pain was complained of. A few moments later the patient felt suddenly ill, intense irritation of the skin was experienced. This was followed by two severe epileptoid seizures. The mouth became filled with foam, and death ensued from cardiac collapse about 25 minutes after the operation. Post-mortem examination proved, apart from the liver, entirely negative. heart was contracted in systole and empty. There was no effusion of liquid into the peritoneum, and no sign of inflammation of serous membranes. The liver was very large and after removal of the cystic cavities weighed 2450 g. Compensatory hyperplasia has frequently been noticed in these cases. During life the liver had performed its functions well, and there was no glycosuria or urobilinuria. Post-mortem no cirrhotic or sclerotic lesions were present; the hepatic cells were well preserved. The trabecular arrangement was distubed, the glandular element having obliterated the capillary network, and an almost exclusively cellular parenchyma remaining. This is probably a condition identical with that of the foci of nodular hyperplasia observed in the subjects of tuberculous, syphilitic or malarial disease. Death after puncture, which is rare, usually results in cases of intraperitoneal rupture. Two theories only can account for this case: 1. That the symptoms were reflex and of traumatic origin. 2. That they were due to intoxication by a special hydatid poison. The latter is the generally accepted, and, in this case, the only possible view. The three groups of symptoms—cutaneous, cerebro-spinal and myocardiac-which are frequently met with after pucture of hydatid cysts can hardly be due to an ordinary traumatic reflex; there is obviously some reflex connected with the puncture of the cyst itself. Death through hepato-cardiac reflex was negatived in this case by the fact that the heart was arrested in systole. In the most attenuated form of hydatid intoxication—urticaria—patients are found to be very differently affected, and individual idiosyncrasy, with regard to the poison resulting from effusion into the peritoneum of a few drops of the fluid, is the only way of accounting for the terrible effects produced in this case.

PERIPHERAL SCOTOMATA IN GLAUCOMA.

Simon (Centralbl. f. prak. Augenheilk., April, 1896) points that in the early stages of chronic glaucoma scotomata may be found not

only close to the point of fixation (paracentral), but also in the periphery of the field. Usually they are crescentic in shape, or become so, with the concavity toward the point of fixation. As they increase in size they gradually encroach on the periphery of the field, until it disappears. Iridectomy may prevent their development, but in many cases they lead to total loss of the field, and so are of bad prognostic significance. The mapping out of these scotomata is difficult, even with intelligent patients, and should be gone over more than once. Simon thinks a gray test object, having a diameter of 5 mm., the most suitable, or the trial may be carried out with a diminished illumination.

DR. W. C. B. FIFIELD.

The death of Dr. W. C. B. Fifield, which occurred at his home in Boston, Mass., on the 9th instant, removes one of the foremost of physicians in his locality. Dr. Fifield was 68 years of age and, although not in the best physical health of late years, he maintained his activity in general practice to the end. He was a surgeon of note, being at one time actively connected with the Boston City Hospital, and was on the consulting staff of this institution at the time of his death.





CAUSES OF STERILITY.

These may be enumerated as follows:

Anomalies of the hymen or malformation of the genital tract—a very large vagina can also be the cause of sterility, as the sperm flows out immediately after coitus.

Vaginismus.

Excessive acid reaction of the vaginal mucus, which destroys the power of motion in the spermatozoa.

Narrow external or internal os, anteflexion, retroflexion, endometritis, gonorrhea (especially with involvement of the adnexa), neoplasms.

Constitutional diseases, as tuberculosis, syphilis, chlorosis and obesity.—Graefe, in Centralblatt fur

Gynacologie.

PRECOCIOUS PREGNANCY.

In a recent number of the American Journal of the Medical Sciences is reported the birth of a living child weighing five pounds from a mother ten years and two months of age. The labor was uneventful. The mother had menstruated regularly since the age of five years, but evinced no other signs of development.

LARGE ABDOMEN IN INFANTS.

The large tumid abdomen that is so harmless in appearance is a sign of the utmost import in the diagnosis of the disorders of nursing ba-When it is found we may be sure of the existence of a gastro-intestinal condition, which, for clinical reasons, I propose to name the chronic gastro-intestinal dyspepsia of nursing children. On autopsy, an elongation of the bowel that is more or less pronounced will be observed. Recent unfinished histological researches show that this elongation is associated with a chronic enteritis, accompanied by a chronic gastritis. The large flabby abdomen, therefore, most surely denotes the existence of a chronic gastro-enteritis.—Marfan, in La Semaine Medicale.

EFFECT OF LIME JUICE ON THE MENSES.

The sucking of the juice from one or two lemons by women suffering from the inordinate flow of the menses has the effect of checking the same. This statement, in connection with the reports of the effect of lime juice upon the amative instincts of the male would seem to establish a belief in its anaphrodisiac properties.—Med. Brief.

AN INTERESTING CASE OF PREGNANCY.

_____, a delicate-looking country-born European multipara, became pregnant in December, 1894. In February, 1895, she had a "miscarriage." Some clots came away, accompanied by severe pain, and she felt unwell for several days afterward, during which time there was a discharge as of ordinary menstrua-After this she did not see her menses again, but noticed the abdomen and breasts remained "full." In the following September she was confined with full-term twins! The labor was natural. The woman states that the occurrence which took place in February, the abortion, was not the first of its kind, for she had previously aborted three times, always between the second and third months. There is no history of syphilis or injury of any kind. What is the inference? It is that she became pregnant in December, 1894; that between December and February there were three embryos in her uterus, one of which she aborted in her third month, probably from "habit." Unmistakably the twins she gave birth to in September, 1895, were nine-month fetuses, for the abdominal and mammary swelling, it seems, did not disappear with the mishap which took place in February. The wonder is, how did the uterus, in February, manage to expel only a third portion of its contents and not the whole! Could the woman be telling lies? I hardly think so, for her husband corroborates all her statements. Or again, could there have been a double uterus, with an embryo in one which was aborted, and two embryos in the other?—Correspondence of Indian Medical Record.

(This is a highly interesting case. The probability is that the woman did not abort one of the triplets, and as, from habit, the uterus tried to expel its contents but failed, clots passed but no fetus, and in the "fullness of time" she gave birth to her allotted progeny and that turned out to be a twin birth.—Editor Indian Medical Record.)

LEAD POISONING AND HABIT-UAL ABORTION.

Daniel (Journ. d'Accouch., Liege, May 17, 1896) publishes an account of a woman now aged 37, who has been 18 times pregnant, and has aborted at between the fourth and seventh months of the last 16 pregnancies. The first child was born in 1880, the second in April, 1882; they have grown up healthy. 1882 the husband became a house painter. Lead colic occurred soon after, followed by paralytic symptoms. He has had to give up his work for months, but has always been obliged to resume it in order to earn his bread. In 1884 the wife aborted, and 15 abortions followed. Her health seemed to improve during the first month or two of pregnancy. Suddenly a kind of nervous attack would occur at night, a rigor with a sensation of fear. By the morning the breasts were found flaccid; within a week the dead fetus was expelled. Within a few days the patient felt well again. seemed free from any of the symptoms which afflicted her husband, and neither had been subject to tubercle, syphilis or alcoholism.

FETUS PAPYRACEUS.

Backer (Centralbl. f. Gynak., No. 28, 1896) recently demonstrated at Buda Pesth a fetus papyraceus. The mother was a primipara, aged 28, and was delivered at term of a welldeveloped female child, nearly 19 inches long, weighing 6 pounds 12 ounces. On the placenta was the chorion, which bore a second amniotic cavity containing the fetus papyraceus. This blighted embryo appeared to have reached the second month of development. Backer preserved the membranes and the placenta, as well as the fetus, in a 4 per cent. solution of formaldehyde. They remained perfect, free from shrinking or opacity.

OOPHORECTOMY TO INDUCE MENOPAUSE.

A. Johnstone (Amer. Gynec. and Obstet. Journ., July, 1896) has found that a scrap of ovary left behind does not necessarily prevent the suppression of menstruation. the ligature be close up to the horn of the uterus, so as to crush the sympathetic nerve as it goes into the uterus, there will be no further menstruation. In cases of retroversion Johnstone ties behind the round ligament, so as to bring it into the grip of the ligature. If a knuckle of the round ligament be thus included on each side, he feels sure that the patient will never menstruate, even if both ovaries are left untouched.

ALEXANDER'S OPERATION; FOR ANTEFLEXION.

Boari (La Rassegna d'Ostet, edi Ginecol., April, 1896) records the following case: A woman, aged 22, whose menstruation from the age of 15 had always been scanty and painful, had for two years suffered from much pain in the hypogastrium and lumbar region and headache, from frequent desire to make water and a sense of weight in the bladder. The cervix was small and hard, and the os faced the posterior vaginal vault; through the anterior vaginal wall the corpus uteri was felt, bent like the butt end of a pistol, and nearly as low down as the collum: on bimanual examination it was found anteflexed between the bladder and the collum, and easily rectified. Alexander's operation, as modified by Casuti, was performed, and was followed in eight days by abundant catamenia. Former troubles disappeared, the woman (previously sterile) conceived and had a normal labor, and eighteen months after operation the uterus was in good position, and menstruation painless. Casuti has performed this operation in six, Boari in two cases, of anteflexion, from sixteen to twenty months ago, and in all cases the uterus has retained its good position.

SOME ASPECTS OF URETERITIS IN WOMEN.

Mann gives the etiology of ureteritis as:

1. Injuries during childbirth.

- 2. Previous disease of the bladder.
- 3. Gonorrhea.
- 4. Suppuration of the pelvis and kidney.
- 5. Pelvic disease, such as pelvic peritonitis, cellulitis and humors.
 - 6. Abnormal conditions of the urine.
 - 7. Tuberculosis.

Dr. Reynolds considers this a good classification, but says: His own experience has furnished him with instances of each of these classes of disease, with the exception that he has not seen any instance in which he thought the ureteritis due to previous non-gonorrheal disease of the bladder.

DERMOID OVARIAN CYST AND TUBERCULOUS PERITONI-TIS IN A CHILD; OVARI-OTOMY.

Dandois (Archives de Gynec. et de Tocol., March, 1896) states that Vincart, of Gerpinnes, diagnosed an abdominal tumor in a girl aged 5, with pains probably due to peritonitis. This observation was made in November, 1893. The pains passed away, but the tumor grew rapidly. Two years later Dandois examined the patient and found a very large tumor, which was continuous, as far as percussion could indicate, with the liver, while there was resonance in the hypogastrium. Masses of bone could be felt through the parietes. Before operating Dandois believed that the tumor was doubtless dermoid, but not ovarian. He made a very free incision from the ensiform cartilage to nearly as low as the pubes. Then he found that the growth was an ovarian dermoid with a very long pedicle. Tuberculous granulations were found on the parietal peritoneum, the pedicle and the omentum. The adhesions were few and not firm, and all omental. tumor weighed a little over 15 pounds, a quarter of the weight of the patient, who, when her case was reported two months after the operation, was once more in good health. She had previously been very cachectic.

FETUS KILLED BY TYPHOID FEVER.

Etienne, of Nancy (Gazette Hebdom. de Med. et de Chir., No. 16, 1896), examined a 5-months' fetus, which had been delivered from a girl, aged 18, on the twenty-ninth day after typhoid fever had declared itself in the mother. The child's spleen and intestines, as well as other organs, showed no evidence of

the disease, and the placenta was healthy. Blood from the right side of the heart, and from the spleen, liver and placenta was carefully examined, and cultures were made. The typhoid bacillus was found in abundance. The fetus had really died of typical acute blood-poisoning from a large dose of the bacillus before the occurrence of any local change.



ADENOMYOMA OF THE ROUND LIGAMENT.

Cullin (Bull. of the Johns Hopkins Hospital, May-June, 1896) describes a tumor of the right inguinal region in a woman aged 37. It had been noticed for eight years, but had been gradually enlarging, especially during the last two years. The pain in the tumor was of a severe cutting character, worse after exertion or at the menstrual periods. It was successfully removed by Kelly, and was found to be composed of smooth

muscular tissue and glands resembling those of the uterine mucosa. In places there were appearances in these glands like v. Recklinghausen's pseudo-glomeruli or adenomyoma of the uterus. Adenomyoma of the round ligament has not previously been described. The author suggests that the tumor may have sprung from an abnormal deposit of a portion of the Mullerian duct. V. Recklinghausen considered adenomyoma of uterus to be derived from remains of the Wolffian body.





THE MOST SATISFACTORY HYP-NOTIC.

Although morphine is still the most efficient remedy at the disposal of the physician for the relief of pain, it now is utilized as an hypnotic much less than formerly. Aside from its many undesirable after effects, there is the ever-present danger of inducing the morphine habit or, more properly, disease. Since the introduction of trional and sulfonal into the materia medica there is even less reason for resorting to the use of opiates as hypnotics, unless in cases where the sleeplessness is due to the presence of severe pains, and even here caution is necessary. With respect to this point, the editor of the "Daily Lancet" writes as follows in a recent issue of his journal: "It seems to us no longer justifiable for any physician to use morphia as an hypnotic; that is to say, simply to produce sleep, until he has failed to secure the desired result with such drugs as sulfonal and trional. These drugs will prove efficacious fully as often, if not more frequently, than morphia, and when they fail to act as hypnotics they also fail to act as functional disorganizers, and this cannot be said of morphia. Personally, we have derived most satisfactory results from trional, but the consensus of opinion seems to be that, while trional acts more rapidly, its effects are less lasting than those of sulfonal; we seem to have derived satisfactory results from a combination of the two; trional producing an hypnotic effect very rapidly and sulfonal maintaining it. In our own practice morphia is never used now as a sleep producer until these drugs have proven inefficient, and this seldom happens. To those who have not yet commenced the use of these new hypnotics the natural character of the sleep produced by them and the entire absence of all unpleasant sequelae will be a revelation that will wean them from the use of morphia."

PREVALENT MALARIAL CONDITIONS.

When two such well-known drugs as antikamnia and quinine are ofprofession it hardly fered to the seems necessary to indicate the especial class of affections which call for their use. Antikamnia may now unquestionably be called a perfect substitute for morphine, for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. But antikamnia not only possesses the good qualities of morphine without the bad, but it also has the properties peculiar to the coal-tar series. In cases of malarial fever the combination of antikamnia and quinine should be given

as a prophylactic and cure. For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of this combination. "Antikamnia and Quinine Tablets," each containing 21-2 gr. antikamnia, 21-2 gr. sulph. quinine, meet the indications most frequently. In headache (hemicrania), in the neuralgias occurring in anemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets will produce the most happy results.

SARSAPARILLA DELUSION.

There is not a single tangible fact to show that sarsaparilla has any therapeutic properties whatever; no one has been able to show that the drug has produced any appreciable physiological effects. In spite of this fact, however, "sarsaparillas" appear to be popular remedies. A recent analysis of goods of this class shows that they depend for their popularity chiefly upon iodide of potassium and a large content of alcohol, which latter often reaches a percentage of twenty-six or more.— Med. Age.

COAL OIL AS A MEDICAMENT.

Kerosene is efficient in intercostal neuralgia, diphtheria, catarrh, fermentative dyspepsia, myalgias, sprains and bruises, bites of poisonous insects, colds, bronchitis, pneumonia, colic, salivation, vaginitis; it is noticeable in the urine one hour after ingested, and likewise in the perspiration and alvine excretions.

It is sure death to pediculi and all kinds of parasites, internal and external. I employ twenty minims of kerosene with one minim of oil of cloves in capsule, giving one every three hours—these are put up in soft elastic capsules for me by Parke, Davis & Co. Administered in a case of incipient phthisis, the fever disappeared, tongue became clean, appetite was restored, strength improved, weight increased, cough decreased, sleep much improved, night sweats disappeared. Briefly, coal oil is an antiseptic internally and externally; an insecticide and germicide; a stimulant; a counter-irritant internally; it is cheap; it is not made "in Germany."—Doctor Britton, in Cincinnati Medical Journal.

ANIMAL THERAPEUTICS OF THE LAITY.

I do not wish to detract from the honor of those who have spent so much time and labor in the development of animal therapeutics, but I do desire that their predecessors, the laity, have their share of the honor.

The wonderful power of the seventh son is known to all, and a posthumous child is equally gifted. I knew one of the latter to whom the mothers all over the country carried their babies that he might blow his breath in their mouths to cure them of thrush. This with alum, sage and honey often effected a cure! When my little girl had whooping cough, a very dear friend sent a braid of hair from the head of a twin to wear around her neck, which, with other remedies, cured her in about six weeks. How many of our old people, when children, caught the measles and drank sheep saffron tea (infusion of sheep feces) to expedite the eruption? The measles came out about the fourth day and the children made a good recovery. An excellent poultice that I have seen used for boils, felons, "catarrhs" of the hand, etc., is fresh dropped cow feces, warm and steaming, which was followed by a cure in course of time.

Snake meat ninety years ago had

quite a reputation as a remedy for rheumatism. Snakes had limber joints; rheumatics had not. You see the logic! When a boy at the circus, it leaked out that the India rubber man greased his joints with fishing worm oil. What could be more reasonable? Urine dropped into the ear is an excellent remedy for earache. The same fluid with bread broken in has been administered for nocturnal enuresis. Nevi materni are removed by rubbing them with a piece of placenta. The blood from the end of a black cat's tail is an infallible remedy for erysipelas. The pediculus corporis was considered a

God-send for us soldiers. They gave us exercise, caused us to scratch off the effete epithelial scales and keep open the pores of the skin. A potent love philter is a few drops of menstrual fluid in a young gentleman's coffee or pie.

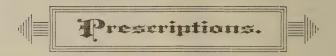
There were no doubt other antitoxins, animal extracts, etc., used by our fathers, but the above are enough to show that they were up on animal therapy and that the present fad is nothing new under the

sun.

G. A. HARMAN, M. D. Lancaster, O.

-Med. Brief.





For asthmatic and emphysematous coughs: R.—Spiritus aetheris compositi4 dr. Potassii iodidi Ammon. muriatisaa 2 dr. Codeinæ sulphatis2 gr. Syr. Tolutani	R.—Terpine hydrate
M. Sig.; A teaspoonful every two, three or four hours. For recurring bronchitis or winter cough: R.—Terebene	The coal-tar antipyretics often have a marked effect in diminishing the amount of secretion, lessening the severity and frequency of the cough, and relieving the pain: R.—Phenacetin
ACUTE BRONCHITIS IN CHIL- DREN.	R.—Phenocoll
When the mucous flow has become well established give	Sig.: One powder every four hours —Dillon Brown.
R.—Tinct. veratri viridis	R.—Sodii salycylatis. Potassii bicarbonatis
hours. —Perrier.	upon a gouty diathesis. —Thomas Grainger Stewart.

GONORRHEA.

The following prescriptions for injections are indorsed by Dr. Martin. Early stage:

R.—Acidi carbolici............20 drops

Acidi borici
R.—Hydrarg, chlor, corros
R.—Potass. permanganatis ½ gr. Sodii chlor 1 dr. Aquæ 6 oz.
R.—Acidi carbolici .30 gr. Sodii chlor .1 dr. Aquæ .6 oz.
For the last stage:
R.—Zine acetatis .30 gr. Acidi tannici .30 gr. Aquæ rosæ .6 oz.
R.—Ext. hydrastis fluidi. Bismuthi subcarbonatisaa 2 dr. Glycerini
R.—Zinci sulph. aa 5 gr. Aluminis (pulv.) aa 5 gr. Acidi carbolici 4 gr. Aquæ q. s. ad 6 oz.
Internally he administers:
R.—Bals. copaibæ Oleoresin cubebæ Pepsin Salolaa 5 gr. Misce et ft. capsulam j.
Sig.: Two capsules after each meal.

-Medical World.

meal.

COUGH MIXTURES.

Dr. James K. Crook, of the New York Post-Graduate School, says that the following formulas have been thoroughly tested both in his hospital and private practice, and may be trusted to render good service in suitable cases:

and private practice, and
nay be trusted to render good ser
vice in suitable cases:
For irritative coughs:
R.—Phenacetin
Ext. Glycyrrhize
Sacch. albi 2 dr.
Fiat pulvis, in chartulas 20 dividendus.
2 mt parvis, in chartulas 20 dividendus.

Sig.: One to be taken at one, two or three-hour intervals.

For same of more obstinate character:

R.—Phenacetin 1 gr.
Ext. Gylcyrrhizae20 gr.
Codeinae sulphatis24 gr.
Sacch. albi 2 dr.
Fiat pulvis, in chartulas 20 dividendus.

Sig.: One to be taken every two, three or four hours.

When an expectorant effect is desired:

R.—Ext. glycyrrhizae20 Phenacetin20-40	gr.
Ammonii muriatis 2	ďr.
Sacch. albi	dr.

Sig.: One powder to be taken in a little water every two, three or four hours.

For weak and fruitless coughs with loss of bronchial power:

R.—Ammon. carbonatis Tinct. Tolutani			
Syr. senegae Spiritus vini gallici Syr. simplicis	90	4	dr
A mae destillataeq. s Ft. mist.			

Sig.: A teaspoonful in a little water every two, three or four hours.





FALSE ALARM.

From the Cleveland Plain Dealer.

There is a physician in Cleveland who is pretty sure to stutter when under the stress of excitement. Some time ago he had occasion to professionally officiate on an interesting occasion, and his vocal infirmity was the cause of a funny misapprehension.

The husband and prospective father, who, by the way, had set his heart on a son and heir, was nervously pacing the library when the doctor entered.

"Well, doctor," cried the husband, forcing a smile, "is it twins?"
"Tr—tr—tr," began the doctor.

"Triplets! Great Caesar!"

"Qu-qu-qu-" stammered the doctor.

"Quadruplets! Holy smoke!"

"No, no," cried the doctor. "Ququ—quite the contrary. Tr—tr try and take it ph—philosophically. It's just a girl."

NATURE AND RELIGION.

"Martha, dost thou love me?" asked a Quaker youth of one at whose shrine his heart's holiest feelings had been offered up. "Why, Seth," she replied, "we are commanded to love one another, are we not? I have tried to bestow my love on all; but I have sometimes thought that perhaps thee was getting rather more than thy share."— Med. Brief.

THE PASSING OF THE OVARY.

"The times have changed," the ovary said;

"I am hopelessly out of date."

I have dropped from out the zenith of fame,

I have nothing left but a blasted name,

For Battey is dead, and Keith is dead,

And what has become of Tait?

My place in the alcohol jar is ta'en By a blind, malicious worm, It is hard for a lady of parts to be

By a mere cedilla under a gut! But I'm out of the fashion and on the wane,

And you now triumphantly squirm. So, Appendix, adieu,

It is time I withdrew—

You may hear from me again.". -Southern Medical Record.

DR. JAMESON AND HIS WOR-SHIPPERS.

The American papers give "a delightful story from Johannesburg, which is peculiarly timed amid the present insane worship of Dr. Jameson and his freebooters. It describes a dispute among a group of Boers over the color of the English flag. There was great ignorance and much difference of opinion on the subject until an old patriarch, clad in a blue shirt and soiled yellow moleskin trousers arose. His rifle was slung

over his right arm, his beard was long and white, his face was yellow with 70 years' exposure to the sun, and his eyes, once keen, were dull. He knew nothing about the English, was ignorant of their language, their ways and grievances; but he was solid on the color of the flag that the sun always shines on. When he stood up there was a number of Oom Peet and a respectful pause. "The English flag," he said with an air of the placid certainty, "is white." There was a general cry of exposulation, which had no sort of effect on the old warrior. "Don't I know?" he asked gently. "I have seen it, seen it three times—once at Majuha, once at Bronkerspruit and once at Doornkopf. Each time it was hoisted and each time it was white." And that settled it.—Lancet.

DOUBLE ENTENDRE.

"I can't conceive," she archly cried, "Wherein you men can longer pride Yourselves from female rivals free.

For surely we have grown to be Your peers in ev'ry human stride. It is a truth that none dare hide; Yet why you men will not agree To recognize the new decree, I can't conceive.

"Now, entre nous, won't you confide And tell me true, all jokes aside,

What difference the world can see Between your manly self and me?" "To tell you truly," he replied,
"I can't conceive."

-Anon.

THE PURCHASE OF PRINCIPLE.

It was a very long time before the birth of Christ when a certain man by the name of Job proved a bone of contention between Jehovah and Satan under the Theocratic system of government then prevailing. Now it seems that according to the Scriptures there was a kind of assembly in the Court of Heaven into which Satan slipped without any card of invitation. The Lord challenged

him and demanded a report of his proceedings in quite a summary manner:

"Where did you come from and

what are you doing here?"

"Well—from going to and fro in the earth, etc."

"Hast thou seen my servant Job?

A good man and true?"

"Yes, but doth Job serve God for naught? Put forth thy hand and touch his possessions and he will curse thee to thy face."

Now Job had seven sons and three daughters, 7000 sheep, 3000 camels, 500 yoke of oxen and 500 she-asses. Now the Lord told Satan to go and do with him just as he pleased so long as he didn't do him any bodily harm. So off goes Satan and raises a big cyclone, destroying all these cattle and the folks and kins-folks assembled at the family gathering, and poor Job, on whom the job had been put up, in full trust and confidence, cries out: "The Lord gave, the Lord hath taken away, blessed be the name of the Lord." Notwithstanding, Eliphaz, the Temanite; Bildad, the Shuhite, and Zophar, the Noamathite, came around him and gave very cold comfort, and his own wife begged him to curse God and die, he stuck to his faith and still maintained that Jehovah was powerful to rescue him from every ill that flesh is heir to, even if he did have to sit in the ashes and scratch his boils with broken queensware. But old Job was true; he held to his faith in God, notwithstanding this rather unpleasant deal that was made with the devil. Now this wonderful allegory is a lesson for medical men. The profession is full of time-servers, money-seekers, sharks and cormorants, and it is well for it to be known and recognized. Satan's question, "Doth Job serve God for naught?" may with profound significance be put to men high in the ranks of American medicine, men who care naught for the real glory of professional work, the higher professional devotion, but look for nothing but the loaves and fishes—to jump from the old to the new dispensation. It is this which renders medical testimony so untrustworthy

in the eyes of the laity. It has actually come down to this, that not only can a man's opinion be bought, but even his active interference in cases, where, from his own writings in books, which are put forth as words of authority, he contradicts his expressed theory and for the

filthy lucre sells his science, if such we may call it, for the shining gold. We do feel, that for the honor of our profession we should put our stern protest upon such violation of ethical principles as we meet with daily even in the high places of the profession.—St. Louis Clinique.



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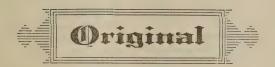
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PUS TUBES AND REMARKS ON TREATMENT.

BY ALBERT H. TUTTLE, M. D., CAMBRIDGE, MASS.

After a varied experience in the care of tubal disease, not only where I have had full charge of the case from the beginning symptoms, but also after they have been under the care of other physicians and surgeons for a longer or shorter period before receiving my attention, certain opinions have been formed which I believe have a practical bearing on the successful treatment of these cases.

When the diagnosis of suppuration of the appendages is once made the question of treatment rests between a removal of the diseased organs in toto or drainage of the pus sacs. If the case is one that will admit of the removal of the tubes, i. e. where there is not too great distension of the organ, where the symptoms denote a mild infection or a quiescent stage, when the case is of a chronic type and when the strength of the patient is such that

she can stand the shock of a capital operation and still have a risidual power to combat the subsequent changes of mild sepsis; there can be no doubt but this treatment will be most successful.

When, however, a large abscess is present, fluctuating, out behind the uterus and crowding that organ forward and perhaps upward, when the temperature and pulse are running high and rapid emaciation, sweating, pain, anorexia, restlessness, thirst, diarrhoea and the general symptoms of sepsis are well defined, when the strength of the patient has failed and is growing less and less, when the tube cannot be removed without great danger of rupture and the pus contents are highly infectious, when the pelvis floor is closely bound to the tube with inflammatory adhesion, and perhaps already softening the walls of the tube and rectum at their point of contact has occurred, then it is painfully obvious that we are not confronted with an abdominal section, as such is far too dangerous an operation, yet we cannot let nature take its course, as a rectal fistula and chronic septis is nearly always the result.

Furthermore it may happen that by the time one sees the case there is a chronic or sub-acute condition where the emaciation is great, the patient very weak and the symptoms of poisoning so marked that, together with the absence or repeated disappearance of the tumor, we know that rupture has occurred. As the sac refills there is pain, fever and usually loose, offensive stools. Rupture of the sac into the peritoneal cavity is rare and accidental. Pus accumulations in the body cavity mostly result in a secondary way; that is through the extension of the inflammation by contingency of tissue to ovary, and omentum, secondary abscess with rapid formation of pus in the peritoneal cavity, dissolution of parting walls between the two pus cavities and subsequent invasion into general peritoneal cavity.

Rupture of the sac into the bladder is also rare, because the pus distends the tube greatest at the point of least resistance, the fimbriated extremity, which in the development of the disease extends outward, backward and downward into Douglass' fossa and often below the cervix far away from the bladder. The tube assumes the shape of a curved cow's horn, the point corresponding with the uterine opening and the base with the fimbriated extremity. Rupture occurs at the distended base, which is in contact with cer-

vix, rectum and vagina.

When rupture occurs it is seldom as a tear from over distension, as happens in tubal pregnancy, but by a process of ulceration. The inflammation extends from the peritoneal walls of the tube to the subjacent structures and affects the bowels more particularly as this organ apparently is more susceptible than the uterus or vagina.

The intestinal tissues of both rectum and tube become involved in in-

flammation, soften, break down, form a fistula, with discharge of pus into the rectum. The walls of the fistula harden and the current becomes choked with granulations, causing retension of pus in the old sac, distending it until the pressure and inflammatory consequences are sufficient to again force an opening. The process is often repeated over and over again until, if not relieved, the patient sinks from exhaustion.

When the opening admits free drainage the discharge becomes less offensive in odor and exerts no great deleterious action on the patient, but great changes rapidly result when the matter becomes pent up, decomposition sets in and all the manifestations of poisoning results.

The pus tube differs materially from an abscess; it is a suppurative inflammation of a mucous membrane, and tends to heal slowly, gradually becoming catarrhal, in which form it persist for months or years. Its cure demands free drainage and perhaps local treatment or removal of the whole organ. Local ment cannot be applied satisfactorily through the rectum and there is some evidence that absorption of the discharge occurs by the rectal mucous membrane maintaining a condition of septicemia. It is difficult to tell, however, how much of the poisonous symptoms are due to a retention of secretions in the from contraction of the recto-tubal opening.

Opening of a tube from the abdomen is unworthy of consideration, as it must involve entirely the periton-

eal cavity.

The only place for drawing a tube that offers any satisfaction is the vagina. When there is any considerable quatity of fluid in the tube the distended distal extremity is easily felt behind the cervix, and the thin partition separating the vaginal vault can be readily incised without injury to vessels or neighboring organs. By dilating the small exploratory opening free dainage can be established. The operation can be performed quickly, under cocaine if necessary, and without risk of life

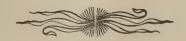
even though the patient be in an extreme condition, a fact which I

wish to emphasize.

This is not the end of treatment, but merely the beginning. For a day or so drainage is easy, symptoms abate and there is usually general improvement. Then trouble, which I have somewhat premised, occurs. The position of the uterus is such that it descends in a way to close the opening between vagina and tube. The valve-like action prevents the free flow of pus and makes frequent manipulation of the parts necessary. If the uterus is raised the pus will gush out in the vagina, where it can be easily washed away. I have found it necessary to keep this process up at least twice daily to prevent rise of temperature. Gauze or rubber drains are not very satisfactory. Washing out the cavity is helpful and treatment with a solution of nitrate of silver improves the character of the secretions. Manipulation is generally very powerful, and the patient shrinks from treatment. I have found the sterilized finger, well greased with vaseline, the simplest way of keeping open the passage. The tip of the finger is inserted into the wound and the cervix uteri

raised at the same time. A soft rubber catheter can be passed into the tube for the purpose of medication. By this means it is possible to get a complete cure after weeks or months of treatment. Improvement in the condition of the patient is usually rapid from the beginning of the treatment. As the recovery of the parts is very slow a subsequent removal of the organ will recommend itself in many instances, when the strength of the patient has returned and the secretions have become less virulent.

If the tube has already broken into the rectum it is yet necessary to turn the course of the discharge. The examining finger in the rectum readily determines the fistulous opening by the indurated sensation and central pit. The opening is dilated with the finger, a steel urethral sound passed into the tube for guide, and there the cervix is raised and an incision made through the vagina and carried behind the uterus until the steel sound guide is laid bare. The opening is further increased in size by means of uterine dilators. A rubber drain inserted into the vagina and tube will keep the rectal opening at rest and spontaneous closure will usually result.



RECENT EXPERIENCE IN SURGERY OF THE KIDNEY.

BY H. O. WALKER, M. D., DETROIT, MICH., PRESIDENT OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Gentlemen: The paucity of literature upon renal surgery has prompted me to report the following three cases, in which four operations were done representing nearly all the operative procedure that are now done upon the kidney, with the hope that it may be of interest to you.

Case 1.—Sacculated kidney with suppuration and nephro-lithiasis, nephro-lithotomy and subsequent

nephrectomy.

August 4, 1896, J. R., aged years, was referred to me by Doctor E. M. Houghton, of Detroit, for operation, with a history as follows: When 6 or 7 years of age he remembers having experienced severe pain in the region of the left kidney, which lasted for a day or so. These attacks of pain came on afterward at intervals of one to three months; at one time it kept away for nearly a year. He did not experience any disturbance of the bladder until he was about 12 or 14 years of age. This combination of pain in the region of the kidney and the bladder continued with increasing severity until three months ago, when it was constant. He has observed a sediment in the urine for nearly 15 years, but at no time did he observe any calcareous deposit. Dr. Houghton, who is an expert microscopist and urinalysist, from frequent examinations of the urine found pus in quantity, blood at times, but no casts, and from the character of the symptoms diagnosed a cystic kidney with renal calculus or calculi. On seeing the patient for the first time he presented a marked emaciation, rapid pulse, 100, temperature 99.6. Percusion revealed well-marked dullness on the left side extending from beneath the

ribs to the brim of the pelvis, well over to the median line. Satisfying myself by two days' observation that Dr. Houghton was correct in the diagnosis, I had, however, a suspicion of trouble in the right kidney. Therefore the character of the operation to be done must be in obedience to that suspicion.

August 6, 1896, after due preparation I performed the operation as follows: By making an incision just below the twelfth rib anteriorly obliquely downward to the crest of ilium (free exposure is necessary in any operation upon it, therefore the necessity of a long incision). After thorough division of structures down to the renal space and pressure by hand of an assistant in front I stripped the fatty capsule off from in front of the kidney with my fingers, giving a large exposure of its surface. Palpitation and inspection revealed a large, irregular fluctuating tumor, through the walls which could be readily felt the calculi. Before incising the kidney I fastened several catgut sutures in the capsule to the lower opening of the wound to prevent the contents of the kidney escaping into the torn and divided tissues. Through the incision made into the kidney flowed a large quantity of pus and urine, probably two pints. There were several communicating cavities from which I removed these large calculi, which I here exhibit, somewhat imbeded in the walls. I could readily with my fingers feel the urethral orifice, but I was unable to pass anything through it into the bladder. After thorough irrigation and introduction of rubber drainage the wound was closed by interupted silkworm sutures. The after-treat-

ment consisted in irrigation twice daily. The discharge consisted of pus and urine of considerable quantity. He passed the next day 17 ounces of urine per urethra, aside from that through the drainage tubes. The recovery following the operation was uneventful, and the temperature never rose above 100 and the pulse from 80 to 100, the amount of urine increasing to 28 ounces daily. Although there was undoubtedly a certain amount urine excreted by the left kidney, as was evidenced from the soaking of the dressings, that little escaped into the bladder was due undoubtedly to "the bending or oblique insertion of a nonstenosed ureter," as described by that eminent surgeon Christian Fenger (Annals of Surgery, p. 637, 1895). I was in doubt whether I would adopt this method of treatment done by Fenger. The circumstances of the patient, however, would not permit the long-continued treatment necessary to follow out Fenger's "Conservative Operative Treatment of Sacculated Kidney." I was also doubtful whether there was much of the functionating power of the kidney left. It was therefore decided to do a nephrectomy, August 29, 1896. I first inverted by incision and suturing the fistulous opening to prevent the escape of septic material. The incision was in the same line as before, careful dissection liberating the entire kidney, and the vessels and ureter were ligated separately. There was but little hemorrhage. The wound cavity was packed with a long strip of gauze and the edges approximated as in the first operation. An analysis of urine on the day before the operation showed the specific gravity to be 1022, acid pus, and daily quantity 26 to 28 ounces, with the condition of the patient about the same as when I first saw him. On the following day the amount of urine passed was 18 ounces. This gradually increased until now at the present writing, September 12, it varies from 30 to 40 ounces. The wound has nearly healed, appetite good and he walks about the halls of the hospital.

There is still, however, some pus in the urine, but this is gradually disappearing. I here present to you the kidney, together with the calculi removed. The following is the report of the microscopist, together with the two slides: Report of E. H. Troy, M. D. Specimen from the kidney of J. R., operated on by H. O. Walker at St. Mary's Hospital.

No. 1. Stained logwood.

No. 2. Stained hidden Haines iron stain.

Microscopical examination shows an abscess wall from which inflammation is infiltrating with surrounding tissues, which is a little peculiar, the width of section, the fitness of kidney remaining as capsule enclosing cavity. The parenchyma or remaining portion of kidney shows chronic change which leaves very little if any of glandular portion of this kidney functional. The glomeruli are either contracted or have disappeared. The microscopical examination does not reveal cause of changes seen, but changes are probably brought about by causes which produce abscess. steps that were taken in this case have without doubt been justified by the results.

Case No. 2.—Tubercular Kidney, Nephrotomy and Nuclein Treatment. Mrs. P. H., aged 28, came to me August 9, 1896, for my advice as to the advisability of doing an operation for chronic appendicitis, as she had already consulted a surgeon as to the necessity of such an operation and had made arrangements at the hospital for her to have it done the next day. Mrs. H.'s history is as follows: While teaching school four years ago she first noticed pain in her right side below the waist; she shortly afterward developed a leuchorrhoea. The pain in the right side gradually increased and was aggravated on lifting or walking. Soon after the appearance of the leucorrhoea a cystitis developed, which has been present ever since. She informed me that urination is very frequent, being every half hour to two hours, and that the urine contains a large amount of deposit. Inspection of the abdomen reveals a

large, indurated, immovable mass, which she says she has noticed for several months gradually increasing in size. It extends from below the ribs to the crest of the ilium on the right side, and is extremely painful on manipulation. She was very much emaciated, with a sallow complexion, and her pulse was 110, and the temperature 102.5. My diagnosis upon examination was disease of the right kidney, probably tubercular, and I advised further observation before deciding as to the character of the operation. She entered Harper Hospital August 10, 1896. Repeated microscopical examinations of urine did not reveal any bacilli tuberculosis, but it contained large quantities of pus and broken-down kidney epithelium. Cystoscopy and catheterization of ureters revealed discharge of pus from both ureters. and although we did not find bacilli tuberculosis I am still of the belief that our patient was suffering from tubercular kidney. As she did not improve I advised a nephrotomy, which was done August 16, 1896, as I did not think a nephrectomy would be practical—first from the fact that both kidneys were affected; second, that in these advanced cases adhesions are so extensive attending the operation that in all probability death would be the result. On dividing the tissues down to the kidney I found it as predicted, firmly bound down by adhesion. the kidney was incised pus escaped in considerable quantity, together with broken down kidney substance, which microscopically had all the appearance of a tubercular deposit and afterward proved to be so. It is not always possible to determine specifically the true character of secretions and excretions from important organs, even by careful microscopical examinations, yet you are impressed of it clinically. I removed as much of the cheesy material as it was possible to do with the curette. The hemorrhage was considerable, which was controlled by packing the cavity with gauze. From such a history and condition the ultimate result must be necessarily fatal by any operative pro-

cedure that might be instituted. I therefore put our patient upon the nuclein treatment, with which I have had very satisfactory results in surgical tuberculosis, especially of the genito-urinary organs. little could be expected in so forlorn a case she, however, began to improve in a few days, had a better color, improved appetite and entire subsidence of bladder symptoms, retaining urine nearly all night. She left the hospital September 9 for her home with the wound in the groin still open and still discharging some. The probable outcome of this case is uncertain.

Case 3.—Movable Kidnev—Fixation by a Modification of a New Method. Miss A. Z., aged 23, was referred to me at St. Mary's Hospital August 25, 1896, by Dr. A. H. Steinbrecker, of Detroit, for operation. Since leaving her native country, Russia, three years ago, she has been an invalid. Chronic constipation, flatulence, indigestion, supra-orbatral neuralgia were the prominent symptoms, together with distress and pain in the right hypochondriac and lumbar region. This latter symptom for the last eleven months has been most distressing when she was in an upright position, compelling her to take to her bed most of the By examination a tumor, freely movable, was discovered in the right hypochrondriac region, well downward and toward the median line. No difficulty was experienced in displacing it from and replacing it in the normal position of the kidney. On examination the urine was found to be normal. My experience in fixation of movable kidney has been considerable, but not always with the most satisfactory results by the usual methods advocated. The method that I employed in this case, although original personally, I find in looking up the literature that others have resorted to a similar method. After due preparation the operation was made August 26, 1896, the patient being put in the usual condition—semiprone—making the space between the ribs and the ilium prominent by a sand bag. The incision was made in the man-

ner and extent that was done in above case and the kidney well exposed, permitting free inspection and palpitation, drawing it well out through the opening, which was easy from the fact of the existence of a long pedicle. Not discovering anything abnormal, either of the kidney or upper end of ureter, the kidney was then placed in its proper position and the capsule divided for a distance of three inches on its convexity longitudinally, using care not to wound the cortical substance of the kidney. The capsule was then separated from the kidney for a distance from a half to one inch entirely around the cut, and by interrupted catgut sutures fastened the cut edges to the fasciae and muscles so that when the sutering was complete there was a solidity of fixation of the kidney that I had never seen in any other method that I have used. It will be observed that I did not, as others here recommended, introduce a suture through the deep substance of the kidney for the purpose of holding it in position while the sutering of the capsule was being done. This is unnecessary if the kidney has been freely liberated from its bed. deep suture very easily cuts its way through the substance of the kidney even though mild traction is made by the assistant. This cutting is often followed by almost intractable hemorrhage, and it leaves a damaged kidney. The wound was coated by deep silkworm gut sutures, excepting at its lower end, which was left open and the cavity packed with a long strip of gauze in order to favor slow cicatrization and a firm attachment of the kidney. It is a question, however, whether a complete closure at once would not be just as satisfactory as if the wound was left to heal by slow granulation. The solution will be better ascertained by further experience. This patient August 12 is still in the hospital with the wound nearly healed, and will be kept in bed until after the expiration of four weeks, when she will be permitted to get up, as by that time it is reasonable to suppose that the adhesions will be firm

enough to hold the kidney in place. The frequent occurrence of movable kidney, about one in every five or six women, makes the subject one of importance, and much depends on the surgeon to relieve the distressing symptoms that are liable to oc-Limited displacement is quite as apt to cause distressing symptoms as where the displacement is considerable, for it has frequently been noticed that a kidney with a long pedicule produces symptoms that are but trifling. The simplicity of the method just described commends itself both as to safety and a greater possibility of permanent, satisfactory results. The various methods of transfixion of the kidney with ligature are uncertain as to results, and to a greater or lesser extent dangerous as to its future function. In making a choice for a route to reach the kidney it seems to me there should not be any hesitancy in selecting the anterior in preference to the lumbar route. The only excuse would be the making of a nephrotomy for the purpose of the drainage of an abscess of the kidney. Lumbar nephrotomy is much more difficult and dangerous than by the anterior route. In doing an nephrotomy for relief of a kidney with multiple abscess by the lumbar route it may be found necessary to do a nephrotomy, as it is frequently impossible to empty all the abscess cavities without making a Tincision. The danger from hemorrhage is necessarily limited by full exposure of the kidney, and there is less susceptibility to the parts by septic from a suppurating kidney where free dissection is made than by the tearing and pulling by the lumbar

In conclusion, therefore, of the foregoing report of cases presented with remarks I am inclined to the following opinions: First, that the most practical route for the kidney for an operation upon it is anteriorally. Second, the selecthe lumbar route is tion supported largely by precedent and unnecessary timidity on the part of the surgeon. Third, a nephrectomy for tuberculor kidney is not

always practicable. Fourth, fixation of a movable kidney by stitching its reflected capsule to the muscles is much to be preferred to that of transfixation and anchorage by strong ligatures.

*CONDITIONS WHICH MAY SIMULATE ORGANIC OBSTRUCTION OF THE LARGE INTESTINE.

BY THOMAS H. MANLY, M. D., NEW YORK.

The large intestine in any part, from the ilio-cecal junction to the fecal outlet is liable to obstruction in varying degrees, in its various

segments.

As the anatomical distinction between the large intestine and the small is very wide, and as they are altogether dissimilar in function, it follows necessarily that both the etiology and symptoms of stenosis in either one should bear but little analogy to the other. The small intestine is rich in smooth muscle and adenoid elements, is richly supplied with non-medulated nerves upon the sympathetic system, has a long premesentery, is the centre of active peristaltic movements, and exclusive of the duodenum is quite entirely within the peritoneal cavity. This is the centre of active, vital and chemico-physical changes in diges-

The large intestine, on the contrary, is little more than a sewer vent to receive, lodge and discharge the residual detritus of digestion. It contains but little muscular fibre in its sacculated cylinder, but is strongly braced by dense bands of fibrous tissue. Its inner coat is made up chiefly of mucous glands, and the lumen of the bowel is of quite constant dimensions. This part of the alimentary canal is more or less fixed, permitting of but a moderate range of motion.

The large intestine is but imperfectly invested by peritoneum, and at the rectum is almost entirely outside this membrane.

The position, shape and arrangement of the colon favor many pathological processes in the human being.

In function this elongated, arched and fixed coil serves a similar purpose to the bladder, as a pouch for excrement vastly more complicated it would seem than its purposes require.

The healthy mucous membrane of the bladder is proof against the absorption of non-corrosive poisons in solution, while the rectal end of the large intestine absorbs almost any substance in a soluble state.

And in cases of impaction, as fecal stasis, we have reasons to believe that the large intestine resorbs many of the most lethal elements of its own contents.

Probably there is no organ of the body more subject to atypical deviations in development and in its relations than the colon. This is particularly manifest to the surgeon in operations on its cecal end, and has been lately dwelt on in an able essay by Dr. Theodore A. McGraw, of Detroit, on "The Surgery of the Large Intestine."

In the human subject the alvine current must ascend against gravity, make various detours as it clears the colic valve, course around three sharp angles and pass the double flexures in the sigmoid before it is

^{*}Abstract of essay read at Surgical Lecture of meeting of Mississippi Valley Medical Association, St. Paul, Minn., September 17, 1896.

discharged into the rectum prelimin-

ary to expulsion.

The segments of the colon liable to displacement in hernia are: First, the cecum and appendix; second, the transverse colon in umbilical hernia;

third, the sigmoid flexure.

The third is the most rare, though a case of it came under my notice this summer ('96) in a young gentleman brought to me by Dr. J. B. Cowan, of Radford, Va., who had been treated for stricture of the rec-There was found no rectal stricture, but a partial escape of the sigmoid, which when caught in the inguinal rings wiuld give rise symptoms of rectal obstruction. have met with the cecum in operations for strangulation and irreducible inguinal hernia. In large unbilical hernia the transverse colon is frequently engaged.

In my own experience in this type of extrusion, either in inflamed, incarcerated or in strangulated hernia, the symptoms of collapse do not set in as early as when the small

intestine is involved.

SEX AND PHYSIOLOGICAL CONDITIONS.

Sex and physiological conditions play an important role in the etiology of pathologic conditions in the rectum end of the large intestine. A careful study of the radical difference of the anatomy and the functions of the organs near the pelvic outlet will readily convince one of this.

The genital organs here come into

play as a prominent factor.

In the male of advancing years a hypertrophied prostate may press steadily on the rectal ampulla, provoking an irritation and in aggravated cases acting as a barrier to defecation, thus inducing symptoms of obstruction. It is in the female, however, that the influence of genital ectopia or fecal impaction of the rectum are most pronounced.

Here the pelvic genitalia and the crippled rectum reciprocally act on each other. A retroverted, enlarged uterus may so encroach on the anterior wall of the rectum as to quite close its lumen, excite a proc-

titis and tenesmus, or even give rise to such a condition as to lead the unwary to suspect a neoplasm of the rectum.

This actually occurred in two cases which have come under my notice, in both of which the uterine body, crowding against the rectum, led to the opinion that a tumor had grown in its walls. In both pessaries relieved all the symptoms. At the present time an elderly lady who is under my care with an incoercible procedentia suffers all her distress from rectal symptoms.

And, per contra, how many women there are tentatively treated for various uterine and vesical disorders whose entire troubles depend on either cecal, sigmoid or rectal

impactum.

CLINICAL HISTORY.

Intestinal obstruction of various degrees occur at any stage of life, but in the large intestine, if we exclude intersusception, a condition peculiar to early life, we rarely encounter it until after age, not until after the vital forces commence to fail and degenerative changes begin, when the teeth have fallen out and the glands diminish in activity.

Mechanical obstruction in the large bowel depends on influences of two orders, the intrinsic, or organic, and the extrinsic, or indirect, the latter only to be briefly considered here. This may be complete or incomplete. It develops in consequence of (a) first inertia or atomy of the intestine with fecal impaction, the commonest; (b) ectopia of adjacent organs, or morbid growths of structure, second in order of frequency; (c) hernia of various types, the rarest, most acute and dangerous.

The immediate dangers to life from impediment in the large intestine, except in hernia, are not great; in the chronic form the constitution is undermined by conditions consecutive to colic stasis.

MORBID ANATOMY.

In the rectum we find the most palpable evidence of pathologic mutations, first, in their degenerative vescular changes so generally met here, besides in the child-bearing woman, and second, in the damage to the lavator-ani, a muscle which serves a complex purpose in her sex.

At the anal verge and just above it we may find a dense hypertrophy of submucous tissues, encircling the entire bowel. This may or may not prolapse in defecating, but at all events it often serves as an impediment to evacuation in a complete clearing of the rectum. In a recent case operated on by me it produced so many symptoms of obstruction that a stricture was suspected by the physician who sent the patient to me.

In women after the menopause the pelvic organs undergo atrophic changes, which seem to extend to the rectal structures, for in many late in life hypertrophy of the rectum is very general; nor is it by any means uncommon in elderly men who neglect their regular evacuations or are prone to degenerative lesions of the spinal cord, such especially as involve the trophic or sensory nerves.

Hernial protrusion often comes late in life, or but a small, unnoticed rupture has existed to give trouble later.

A young man came under my care some years ago in a sad state from hernial gangrene. He had a swelling in the right groin for several months before. He did nothing for it until it finally commenced to give him pain. Now he went the rounds of the dispensaries, and it was repeatedly poulticed. After a time it broke through the skin, the displaced cecum had ruptured in a rotten gangrenous state and allowed the feces to escape through the new opening.

An error in diagnosis had been committed and a life lost. As some individuals go for weeks without a full passage from the bowels, they may deceive the physician by not emphasizing this when they come under his care.

Massive tumors, the pregnant uterus or displaced kidney may all interfere with full colic action and lead to symptoms of obstruction. SYMPTOMATOLOGY AND DIAGNOSIS.

The symptoms which attend rectal or colic obstruction are local and

general.

In partial or complete obstruction of the larger intestine the dominant symptoms are local. Our patient is costive, he thinks he has "piles" or vesical disease, from pressure on the bladder, as occurred in one of my own, a gentleman from whom I removed a massive rectal enterolith, as large as a frontal head, which had to be split and removed in sections. It was most remarkable that the patient was entirely unconscious of its presence, though he had severe, troublesome vesical symptoms. For some two years his bowels only moved when his valet gave emetics.

He assured me that he was confident the petrified mass was lodged there 14 years, and in this view his son, who is a physician, concurred.

In diagnosis the most frequent lesion liable to be confounded with extrinsic obstruction of the large intestine is cancer. This dreadful malady works great havochere. According to Sutton 98 per cent. of cancers of the bowel occur in the large intestine, 75 per cent. within the rectum, 10 per cent in the sigmoid, 4 per cent. in the splenic plexura, 3 in the hepatic, 2 in the cecum and 4 non-differenciated.

We endeavor to make diagnosis in this class of cases by surface and

rectal exploration.

In those not too fat much valuable information may be elicited by abdominal examination, by percussion and posture of the body. It will answer in most cases of cecal or sigmoid impaction, alone, or conjoined with bimanual manipulation. In acute cases we should always institute a most thorough search for hernia and not be content with inspection, but test all suspected portals of escape by the tactile sense.

Rectal examination is the most positive and valuable in its results as a diagnostic resource.

In all suspected cases this should

be insisted on. One patient may insist that his bowels are "loose" or that he completely evacuates them when neither is the case. Sensation is blunted and he unconsciously deceives himself.

This examination is of most importance in women, on whom it may usually be made most complete. It

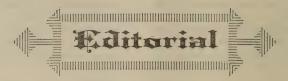
entails practically no expense and with few exceptions is quite painless.

The type of alvine obstruction here considered, excluding that induced by hernia, should never of itself seriously threaten life. It only need to be definitely recognized to be safely and permanently relieved.

NOTE.

Owing to a failure to receive Mss. in season, Dr. Manley's article on Vascular Stasis will be continued in next issue.





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TREATMENT OF HEMORRHAGE BY ARTIFICIAL SERUM.

Joseph Faney, of Paris, in Gazette Hebdomidaire, August, 1896, gives the following treatment of hemorrhage by artificial serum. In the presence of exhaustive and dangerous hemorrhage there are two things to which we must direct immediate attention: One is to quickly close the open vessels, and the other is, in extreme cases, to replace as far as we can the lost blood; something which will serve in a measure as a substitute for it. Many times we are only enabled to arrest the flow of blood when mortal symptoms threaten. Now the question arises what can we inject at once innocuous as far as the general system is concerned and at the same time will make up in quantity for the extreme loss? Very many fluids have been fabricated and employed for this purpose; some to enjoy a temporary place in therapy and others to survive but a very brief period. But of all materials

used up to this time there has been none which has proven so useful and safe as a simple sait solution—' grammes of chloride of solution to 1000 parts of sterilized water, either injected immediately into the vessels or into the subcutaneous tissues. It has now become the autourant method of treatment in collapse after hemorrhage. Very often it acts as promptly when injected into the loose subcutaneous tissues as when thrown directly into a large vessel.

This treatment quite entirely dispenses with the necessity of ever using transfusion or intra-vascular injections of blood from one individual to another. It may be well here to pass in review briefly the liquids which have been employed up to this time (the methods employed), viz., normal blood, blood defibrimated, animal serum and finally physiological solutions. According to Hayem each animal species in the blood pos-

sesses special physico-chemical characters. This author has called attention to the special toxic properties of the blood of an animal of one kind injected into another. The normal blood when injected acts similarly to animal serum. The trouble with the injection of heterogenous blood comes probably from the action of the corpuscles engaging in the capillaries. The globules part with their hemoglobin, their stroma lingers, provokes an alteration in the cells, phlebitis, peritonitis, pleurisy and other inflammations; there seems in the admixture of the two different bloods an antagonism which leads to a destructive reaction. The experiments of Landois have confirmed the investigations of Vicult in this regard. In 1858 Diffenbach recommended defibrinated blood.

But there are dangers in the transfusion of the normal non-coagulated and the defibrinated blood. Under certain circumstances after great hemorrhage pure water has been injected into the circulation, but experience has proven that this is no better than some of the animal fluids employed. It seems to exercise a destructive action on the hematic elements, quickly disintegrating them.

Per contra: histologists and physiologists in searching for something to in a measure supply the loss have found that a simple salt solution will be borne well by the organism without inducing any alteration in the blood or provoking vascular irrita-tion. It has been from this shown that artificial serum suffices to replace the losses due to a considerable hemorrhage with remarkable certainty. It seems to act by giving stability to that physiological law for the preservation of a fixed quantity of liquid in the vessels. It has been demonstrated that in death from hemorrhage the loss of the corpuscular elements of the blood alone is not enough to bring this about; enough of these remain to maintain the vital functions. The immediate cause of death then is not through this loss, but because the medium through which they float,

their carrier, the plasma, has been drained away in mortal quantities.

It now remains to determine by what route we shall force the artificial serum into the system when called on to do so.

Katz, in 1893, first injected saline solution into the cellular tissues in large quantities, after hemorrhage. This is certainly a capital method when any symptoms of approaching death rapidly supercede after a great loss of blood. In this contingency our action must be prompt, for the loss of a few minutes may mean the end of a life.

No doubt the direct intra-vascular injection is the most prompt and decisive in its effects and should be preferred. However, every one has not the requisite anatomical skill, the proper instruments or assistance to realize the greatest results from this measure by the intra-vascular route. It is not without some dangers, too, from sudden, excessive arterial tension, when the fluid is injected too quickly. Experienced operators, however, attach little importance to this accident, though they do to the preliminary requirements.

There is yet one unsettled controversy in the relative value of the best methods in intra-dermic or intra-vascular injection of the artificial serum. It may be said, however, that the intra-vascular is the most prompt and reliable in all forms of extreme urgency, while the hypodermic injections into the cellular tissues will answer in cases of less gravity.

In order to determine the precise action of the artificial serum we resorted to extensive experiments, using dogs for the purpose. Hayem found that when one-seventeenth part in weight of the dog, in blood, was drained off and the animal abandoned to himself, death invariably succeeded. Now, if we immediately transfused either pure, fresh blood or artificial serum the dog quickly revived, and in a little while recovered his strength. Our experiments were conducted in M. Dastre's laboratory. We selected dogs of the same age and weight and repeatedly tested the special value of each method from a therapeutic standpoint the intra-vascular and the intra-cellular.

After repeated and carefully conducted experiments on this phase of the subject, in our judgment one method was equally as valuable as the other. But seeing the difference in the execution and the much greater simplicity of one as compared with the other we most decidedly preferred the intra-cellular injection of the artificial serum under all circumstances.

By this we avoid all chance of injecting air into the veins and a sort of rough and ready method may be resorted to. But when for special reasons we deem it desirable to directly change the general circulation various precautions must be observed. The water should be sterilized, the temperature 40 (C.), and maintained with great care at this point. Our instruments must be scrupulously clean, in order to avoid phletitis or septicemia from minute emboli, wedging into the pulmonary capillaries and inducing impacts.

In the transfusion of blood from one individual to another, along with the difficulties of technique, one may have difficulty in securing one who is ready to take the risk of parting with his blood and the opening into his veins, for it should not be forgotten that many have lost their own lives by this sacrifice in trying to save others.

In obstetrical hemorrhage we will have the most frequent opportunities to employ artificial serum after very exhaustive bleeding.

We lately read of a case which would seem to prove that the intradermic plan cannot be relied on in some cases. In this instance resort had to be made to the Braxton Hicks plan of intravascular infection.

We remember one subject, however, in the text that before this was resorted to that 320 grammes had been injected into the cellular tissues. But we do not wish to be understood as being antagonistic to the intra-vascular method, but believe one should be supplementary to the other.

For ordinary cases of acute exsangumation about two litres of artificial should be injected—nearly a gallon.

Malassez found 7 grammes to 1000 parts of sterilized water, the most useful proportion of sodium chloride. This may be compressed into tablets containing this weight.

But in emergency cases, when we cannot weigh the salt with precision, we may make a safe estimate by another simple means.

A tablespoon contains just seven grammes, or thereabout.

For injection instrument we may use Potain's aspirator or any good, thorough injector. Nearly any region of the body will answer for incision, but the flank, the loin, is to be preferred. We may deposit about 200 cubic centimetres of the liquid at each site. A large area of edema is imperfectly formed, although this generally disappears in half an hour. Moderate massage hastens its disappearance.

In many the severe pain which those large irrigators produce is a pardonable objection against them. As the liquid enters the delicate sentient nerves are rent in one direction, causing the cecal intense distress. But in most cases where much blood is lost the sensibility is deadened and a tendency to mortal coma exists. Here the injection arouses a most salutary reaction.

We have treated 17 cases of a most dangerous form of hemorrhage in Baudelogue's Clinic, with no death.

In all cases requiring these injections all the amplementary measures of hemostasis must be utilized, as raising the limbs, giving stimulants with copious drinks, the inhalation of oxygen, friction, thermal agents, etc.



ELECTROTHERAPY AS A MEANS OF DIAGNOSIS IN GYNECOLOGY.

BY DR. G. APOSTOLI, PARIS.

Read by Dr. Walker.

Dr. Apostoli, after a long and thorough trial of his method, has come to the following general conclusion:

1. The faradic current of tension (generated by the coil of long and fine wire) applied to the uterine cavity, according to the rules established by Dr. Apostoli in 1883, relieves for a longer or shorter time all ovarian pain of nervous or hysterical origin, but remains powerless or nearly so in cases of ovarian pain caused by inflammatory lesion of the peri-uterine tissue or of the appendages.

2. The same faradic current is therefore useful in diagnosis, inasmuch as it helps us to distinguish the nature of so-called avarian pain and to determine rapidly the differential diagnosis between hysterical and inflammatory ovarian pain. Where the two kinds of pain exist in the same patient we are helped to understand their nature by the fact that the one is relieved and the other is not.

3. If, then, the curative effect of the faradic current clears up or rectifies a doubtful diagnosis, it protects us at the same time from undertaking a useless operation.

On the other hand, if the same faradic current proves ineffective, the lesion being inflammatory, we are led to resort to a supplementary galvanic treatment or to a surgical operation sooner or later.

4. The constant galvanic current applied to the uterine cavity in doses gradually increasing from 50 to 120 milliamperes, according to the rules published by Dr. Apostoli in 1884, and bearing in mind the individual susceptibility and tolerance, will be almost always supported without much pain during the seance, and without febrile reaction afterward if the parts adjacent to the uterus are free from inflammation.

Simple cystic, peri-uterine tumors which are neither inflamed nor suppurating (such as ovarian cysts and hydro-salpinx) may also show perfect tolerance of the galvanic current.

The galvanic current is also sometimes perfectly supported by cases in which the uterus is surrounded by old inflammatory products or exudations no longer pathogenic.

5. There are three classes of cases which could be considered as exceptions to the preceding rule, for they bear the galvanic current more or less badly, though they do not necessarily produce much febrile reaction after the seance.

They are: (A), certain forms of hysteria; (B), fibro-cystic tumors of the uterus; (C), enteritis with false membrane.

It is generally easy to diagnose these cases of intolerance.

6. All acute peri-uterine inflammation (of the pelvic cellular tis-

sues, of the peritoneum and especially of the appendages) will cause the galvanic current to be badly borne when it passes 40 or 50 milliamperes and will cause intolerable pain and febrile action when carried beyond this intensity.

7. The intolerance for the galvanic current is generally proportionate to the extent and gravity of the lesions referred to and increases with the intensity of the current employed—especially when it passes 40

or 50 milliamperes.

8. All inflammation of the appendages which is curable (symptomatically at least) without radical operation, will bear the galvanic current better and better, and there will be a corresponding improvement of the prominent symptoms, such as pain and hemorrhages.

Intolerance noted at the beginning progressively disappears.

9. All grave inflammatory lesions of the appendages, and notably all suppurative processes which are incurable (even symptomatically) by conservative means, show the same intolerance from the beginning to the end of the treatment which was noticed at first, and which is apt to increase instead of diminish if the

treatment is continued.

10. Thus the simple study of the tolerance or intolerance of the intrauterine galvanic treatment, and especially of the post-operative pain and fever occurring on the evening of or the day following the treatment, enables us to make the diagnosis. It also, in four or five seances, given twice weekly, informs us of the condition of the appendages, of their possible inflammation and its degrees, and in this way it lessens the number of laparatomies and exploratory incisions.

11. The same study of the so-call-galvanic reactions also informs us rapidly (in 5 to 10 seances) of the curability of these inflammatory lesions which the electric current has demonstrated, and in consequence of this it tells us in one case to abstain from operation while in another it shows an operation to be urgent.

12. En resume, Gynecological Electro-Therapeutics, carefully, me-

thodically and patiently applied, instead of being opposed to the marvelous progress of surgery, comes to its aid.

Independently, in fact, of the great therapeutic service which it renders every day, electricity serves as a touchstone; it assists us in diagnosis and thus directly serves the interests of surgery, in one case showing an operation to be useless and dangerous, in another that its necessity is

urgent.

Thus many of the laparotomies, socalled exploratory incisions and mutilations practiced without due deliberation for the relief of rebellious ovarian pain or for lesions of the appendages of uncertain nature, should be, from this time forth, delayed or formally proscribed until all the resources of faradic sedation on the one hand and of the intrauterine galvanic effect on the other have been tried. Experience has abundantly proved these currents to be innocuous, if given with necessary aseptic precautions.

DISCUSSION.

Dr. Gehrung: I would like to make a few remarks on this subject. In regard to ovarian pain there is the inflammatory and the hysterical. The so-called ovarian pain is, most generally, found to be a uterine pain, and not ovarian at all. It is referred to the ovarian region by the patient, and it is usually considered ovarian pain and due to ovarian trouble, but in different tests it can generally be proven to be uterine, and if it is uterine it is quite comprehensible why galvanic applications to the uterine cavity relieve it, which would not relieve real ovarian pain. That it is uterine, primarily, can be told by the patient first referring it most absolutely to the ovarian region; but upon examining the uterus thoroughly, by pressure and intrauterine examination, you can, in a certain position, produce that exact ovarian pain that the patient has been complaining of. Now if pain is produced there, and found that the palpation of the ovaries does not produce the pain, then it shows very conclusively that the

pain is uterine pain, referred to the ovarian region through the peculiar nerve connections in these tissues, and not ovarian. So a diagnosis can apparently be made without the use

of the galvanic current.

Dr. Bishop: I wanted to speak about what the author of the paper says of the effect of the galvanic current upon the generative organs in females, the subjects of epilepsy, particularly of hystero-epilepsy. What I am going to say about hystero-epilepsy, perhaps, has been known for a long time to all of us—why the galvanic current has been so unfavorable in these cases. I have never seen cases of hystero-epilepsy that would bear the galvanic current.

I believe many cases of hysteria, in which there is a neurotic condition of the ovaries and the uterus, can be diagnosed by the application of the galvanic current to the ovaries and the uterus. I had a case recently in my office. She was a young lady who complained of pain in the groins and general neurasthenia. Upon close examination of her pelvic organs I could find no visible indications of disease. The os was perfectly healthy and the uterus felt healthy. There was no discharge from the mouth. The sound passed into the uterus caused pain. That was the only sign of disease there was about the uterus. There was a little tenderness about the ovaries. Yet the woman complained of pain in her pelvis. I turned on the weak galvanic current, and the current did not flow three minutes before she said it made her feel bad. I did not persist in its further use. When she made me the next visit I gave her a dose of the weak current from the faradic coil high tension. She said that she felt a great deal better. When she came back the third week she said she hoped I would never again apply the electricity I applied at first to the os. So I think it is possible to diagnose in these cases of hysteria pains about the ovaries.

Dr. A. Lapthorn Smith: I might add my testimony by just mentioning one or two cases. One case was that of a lady who suffered from dysmenorrhea very severely, and I did not realize how much she suffered till I saw her in an attack, while the period was going on. It was something pitiful to see the agony she was in. The perspiration stood in beads on her forehead. I tried the galvanic current for that. It was one of the few cases in which it failed. It did no good. Did rapid dilitation of the uterus. She was a little better every second period for a few periods—every alternating period was as bad as ever. I then tried fine wire faradism, but with no benefit. After trying all I could in this way for one year I felt justified in operating, although I could not feel anvthing the matter with the appendages. I could feel them, but not very much the matter with them. She was very emaciated from having suffered so long, and from having taken so much morphine. In operating I found one tube sealed up and the ovaries sclerosed. This explained why every second period she suffered so much agony; at least this was the suggestion that occurred to my mind. Every second period she ovulated this side, which was blocked up, and it was during the spasmodic efforts of the tube to catch the egg and carry it to the uterus, and which was impossible for it to do, was what brought on these terrible spasms of pain. I removed both appendages in her case, for I was afraid if I only removed one something would go wrong with the other one. She made a rapid recovery in ten days, in spite of all my efforts to keep her in bed. In a month she was walking around outside the same as before. She gained strength rapidly and has remained well ever since. This shows where electricity failed there was some organic lesion.

The other case was a more remarkable one. She was under the care of a very able man in Vermont. She then came to Montreal and was under the care of a doctor who was a firm believer in electricity. She had profuse menstruation and suffered a great deal with it, and besides a tumor could be felt in her abdomen, a round pear-shaped symmetrical tumor, rising to the umbilicus. You

could feel it distinctly by bi-manual palpation, but we could not feel the appendages. I suppose they were very small. I could not feel them behind the uterus. However, after the doctor in Vermont had treated her with electricity two or three times she found she was worse after each treatment. She had to go to bed after each application. He was very much discouraged, having heard that electricity was good for fibroids. The doctor in Montreal was very much disappointed also. He spoke to me. I said I thought there must be something wrong with the appendages, although I could not feel anything of them. Did a laparotomy. When I put my hand in I could feel this large tumor quite distinctly, and in feeling around to catch it I found the appendages down behind, and dissecting down I found a large pus tube. Went to work again and got another one out. I got out two pus ovaries, leaving a little uterus about normal in size. The ovaries did not break as I was taking them out. The feeling of them was as like that of a fibroid as anything I ever felt. I have seen about sixty fibroids. It felt like any one of them—a symmetrical, tense tumor. This patient made a good recovery. She is earning her own living now in Vermont, and comes to see me every few months, when she visits her friends in Montreal, to tell me what a pleasure it is to live now, to be free from this pain she used to suffer from. This case bears out Apostoli's contention that where the galvanic current is badly borne there is some trouble in the appendages, and we are justified in operating if we do not cure the patients by electricity.

Dr. Walker: Was she a married

lady?

Dr. Smith: She was single. I am not sure how she got these pus tubes. We must not say every case of pus tubes is due to gonorrhea. I have met two or three cases in ladies whose characters were beyond suspicion. I have had a case of gonorrhea in a child three or four years of age from using the towel her mother and father used; the father had gonorrhea and had given it to the mother and the mother did not know that she had it. The father came and told me that he had gonorrhea. I attributed the gonorrhea in the little child to the use of the towel. They were living in a boarding house and had the one towel for the use of the three of them. Now that little girl may have pus tubes when she is 18 years of age. She has gonorrhea in the uterus and the vagina, and it may be in her tubes, and that infection may keep up for years. This lady I speak of, I do not know how she got it. Certainly the tubes were full of pus, three or four ounces in each.

ELECTRIFICATION IN INFANCY

September 11, 1896. H. B., age 7 weeks, was brought to the clinic of the Brooklyn Post Graduate School of Electro-Therapeutics by his mother with a history of diarrhea, and the usual troubles of bottle-fed babies in their first hot summer. Weighed 9 pounds at birth, but now wasted, irritable and, from lack of sleep and nourishment, rapidly causing his mether to despair. Had received good medical and hygienic treatment without turning the condition into a better one.

September 11. Seated both mother and child on the static platform and gave positive electrification for 10 minutes; child cried most of the time. September 14, reported improvement in sleep; was quieter; bowels were getting regular; repeated treatment. September 16 reports, improving rapidly, with no other treatment than electrification; cries very little; sleeps finely three hours at a time; takes nourishment and sleeps again. Has lost all previous irritability; repeated positive electrification. September 18, repeated treatment. Child has never cried during seance since first visit. Is evidently thriving on his food; bowels regular and gives no further cause for worry. September 23, reported same and did not bring again for treatment.



GASTROPTOSIS AND CHLOR-OSIS.

Leo comments on Meinert's contention that chlorosis is produced by the gastroptosis brought about by the pressure of the corset. In cases of considerable gastroptosis where the upper curvature of the stomach lies below the liver and the abdominal walls are lax it may be easy to define the limits of the stomach previously distended; but in young subjects, such as chlorotic girls, the abdominal walls are not lax. In his investigations, carried out upon a large number of chlorotics who wore corsets, the author has never been able to map out the lesser curvature of the stomach. It is usual, however, in such cases to find the greater curvature extending lower down than usual. This may be due to an abnormal distensibility of the stomach, and this view is borne out by the displacement of the lateral limits of the organ. This condition is the result of chlorosis, but is also seen in other young anemic individuals who have never worn the corset, as is shown by the author's investigations into another series of cases. The author thinks from other considerations, however, that gastroptosis is not infrequent in corset-wearing chlorotics. Koester has repeatedly found such gastroptosis in the bodies of young women who have worn corsets. does not regard the gastroptosis as the cause of chlorosis, for chlorosis is not infrequent in those who have never worn corsets, and only a few among corset-wearing individuals develop chlorosis. Although Meinert's views of the causal relation

between chlorosis and corset wearing cannot be accepted, yet his work is very important as further pointing out the ill effects produced by the corset.

-British Medical Journal.

SUBJECTIVE CACOSMIA.

At the sixty-seventh reunion of German Naturalists and Physicians, Dr. Zarniko, of Hamburg, drew attention to an essential difference between subjective odors on the one side and subjective sounds and sights on the other hand. The first are nearly always of disagreeable nature (excrements, cadaver, etc.), while the second are of a more pleasing character (singing of birds, roseate clouds, colored stars, etc.) The speaker believes that this distinction depends upon the fact that so-called subjective sensations are in reality objective in the great majority of cases, and are largely due to latent empyema of the communicating cavities. He had been led to this conviction by the study of four cases in which there was no indication of disease of an accessory cavity and which the diagnoses of hysteria and hypochondria were at first made. Finally, however, puncture of the maxillary sinus brought to light, in four cases, an accumulation of fetid pus. The essayist likewise recommended, in all cases of cacosmia without other apparent cause, that the maxillary sinuses should be irrigated by way of the inferior meatus (after the method of Schmidt.) Many subjective disorders of smell will thus be shown to be of objective origin.

-Revue hebdomadaire de Laryngologie,

etc

SYPHILIS OF THE EXTERNAL EAR.

Secondary syphilitic lesions of the external ear, particularly of the auditory canal, are rare, and for that reason Dr. A. Bruck publishes a case observed in the clinic of Dr. Baginsky, especially as, with disease of both auditory canals, there was associated a syphilitic neoplasm of the external ear upon one side. The patient was a man, 27 years of age, who came to the clinic on January 31, 1895, complaining of hardness of hearing, with otorrhea. Infection had occurred in September, 1894. There had been an exanthem, sore throat, mucus patches and fissures of the lips. Before Christmas itching and prickling sensations had manifested themselves in the ears, with loud subjective sounds, and there was likewise a bad-smelling, watery discharge. Upon examination both canals were perceived to be filled with flat, wartlike, reddishgray growths, resembling condylomata of the anus. The surface, partly ulcerated and covered by a fatty layer, secreted an offensive serous fluid. The excrescences spread to the interior of the canal, which they so obstructed as to render impossible the inspection of its deeper parts and the tympanum. Upon the left ear, at the anterior insertion of the anti-helix was a small warty formation, of a yellowish-gray color and the size of a small nut—a papillary syphilide, according to Lesur, and absolutely pathognomonic of the dis-There was engorgement of the infra-maxillary and cervical glands, with mucus patches of the velum palati and tonsils. The constitutional treatment was by mercurial ointment and local by chromic The cure was complete.

-Revue hebdomadaire de Laryngologie, etc.

IGNORANCE AND QUACKERY.

Some little time ago Koch placed himself under the care of Father Kneipp, of cold-water fame. We are told there is honor among thieves, and suppose there is a sort of free-masonry between charlatans which induced Koch to ask medical

assistance of the pastor.

The latter's treatment consists of "cold-water baths, bandages, and walks upon wet grass with bare feet" prescribed indiscriminately for every ill to which human fish is subject.

We wonder how long an American patient would survive this sort of thing? It is a pregnant commentary upon the German's deplor-

able ignorance of drugs.

—Medical Brief.

CLINICAL SIGNIFICANCE OF THE HAND.

Tubercular dactylitis may at first sight closely simulate rheumatoid disease in children; but the spindle swelling is caused by bone expansion, and is accompanied by suppuration, in both of which points it differs essentially from the latter disease. The other group, the rare diseases, are as follows:

Paget's Disease (osteitis deformans).—The cranium and long bones are the parts usually affected; and, though the hands sometimes show changes, these are hardly diag-

nostic, and are very rare.

Acromegaly (of Marie).—The large size of the hands is due to the excessive development of all the tissues; there is no appreciable increase of length, only of width and thickness, earning for the hands the epithets "battledore" and "spadelike." The wrists are about normal; the nails are somewhat flattened, small and longitudinally striated.

Hypertrophic Pulmonary Osteo-Arthropathy.—The carpo-metacarpus, the hand proper, is about normal in size; but the fingers are enormously enlarged, the bulbous terminal phalanges being especially prominent; the nails are curved and striated, reminding one of the beak of a parrot; there is great enlargement of the wrists.

Myxedematous hands may at first sight be mistaken for either acromegaly or hypertrophic pulmonary osteo-arthropathy; but it will be seen that the skin of the other parts of the body is involved, and that it is adherent to the deeper structures.

Vaso-Motor Paralysis of the Extremities.—A few rare cases have been set down to this cause, and may somewhat resemble the foregoing; the presence of subcutaneous hemorrhages may clear up the diagnosis.

The hands may exhibit marked changes in rickets, which in rare cases may simulate some of the former diseases; but an examination of the rest of the body will generally readily afford the data for a diagnosis.

In leontiasis ossea (Virchow) the

hands may be affected; but for diagnostic purposes the changes are unimportant.

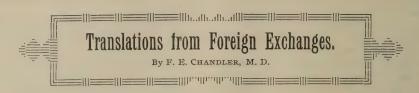
Nodosities of the fingers have been noted in connection with dilatation

of the stomach.

I do not pretend to have exhaustively treated even one aspect of this subject, and have left untouched the clubbed fingers of emphysema, abnormal and extra digitation, Depuytren's contraction, Raynaud's disease in connection with rheumatism, and all the thousand and one things that crowd to one's mind when it is allowed to rest on the subject.

-Dr. A. S. Wohlman, in Bristol Medico-Chirurgical Journal.





VARIA.

BLUSHING.

There are three degrees of blushing. A. the simple blushing of normal individuals. B. Emotional blushing, temporary or permanent. C. Importunate blushing or erythrophobia.

The last class seems peculiar to young men, to people of emotional ancestry, to the neurasthenic and

rarely to the hysterical.

Erythrophobia is usually very tenacious, and results from psychic treatment can be obtained only when it is concomitant with hysteria.

-Independance Medicale.

FOREIGN BODY IN THE RECTUM.—Professor Simon, of Nancy, France, reports the case of a patient who entered the hospital in a bad condition. He presented as a chief symptom an acute pain on the level of the rectum and a serous and fetid discharge from the anus. A cancer of the rectum was first thought of.

Rectal touch disclosed the presence of a hard and friable body, that was removed. It proved to be a mass of frogs' bones, 45 grains in weight, that had been swallowed by the patient. Rapid cure followed.

-Independance Medicale.

THE INFLUENCE OF MEN-STRUATION ON THE EXCRE-TION OF URIC ACID.—M. Ed. Laval says that on the second day of the menstrual period, when the flow is most abundant, there is a sudden drop in the quantity of uric acid present in the urine. The next day the amount is slightly increased, and on the fourth day the excretion of uric acid exceeds the normal.

This result is comparable with that obtained in true hemorrhages.

—Independence Medicale.

NEUROPATHIC WARTS.—Dr. Spiegelberg, of Munich, reports the case of a female child, aged three and one-half weeks, who had the whole ear covered with proliferations that were partly flat and partly papillomatous, commencing in the scaphoid fossa. The entire concha and the borders of the tragus and anti-tragus were filled frim analogous prelifications. From the lobe to the jugular fossa extends a light red band.

The warts were excised and the author submitted them to an anatomical and microscopic examination. He could find no traces of nervous elements. In general the epithlium was hyperplastic, its thickness increased and the malpijion layer proliferated. The connective tissue was also hypertrophied between the papillary body and the clorion.

-Munchener Medic. Wochenschrift.

A CASE OF ABSENCE OF THE SPLEEN.—Dr. Olaechea, of San Bartoleme, Peru, has seen a soldier who was received into the hospital after being ill for twelve days.

All the symptoms pointed to a typho-malarial fever. The patient died two days after his admission.

The autopsy showed complete absence of the spleen. In the place where it should normally have been was a certain quantity of adipose connective tissue.

The ganglions of the mesentery

and of the inguinal and cervical regions were considerably hypertrophied, which indicated that they had, by their activity, compensated for the absence of the spleen.

-Cronica Medica de Lima.

MENSTRUA-PRECOCIOUS TION.—Dr. C. Montaris, of Mytelene, Greece, says that he had recently the chance of examining a little girl born August 21, 1892, and who menstruated for the first time on February 16, 1893. Her breasts developed shortly after this. Hair abundant; stature above the average. From a morphological plastic point of view she is rather agreeably formed. Her features are regular and imbued with an amount of seriousness that is uncommon in children of this age.

-Iatriki Proodos.

TYPHOID FEVER AND LET-TUCE.—Water is the chief means of propagating typhoid fever. The apparent exceptions to the rule diminish daily. It often happened that milk diluted with typhogenic water or kept in vessels rinsed in the same is the vehicle of typhoid fever.

Vegetables, greens, fruits, etc., which come from the country may propagate fever, especially when to keep them looking fresh they have been sprinkled with impure water. Which one of us does not know people who filter and boil carefully their drinking water, but who allow their food to be washed with well water that is too often contaminated by a neighboring outhouse?

-Le Nord Medical.

THE HUNT IN BOHEMIA.—An Austrian journal gives the following interesting statistics of the results of hunting on Sunday in Bohemia

during 1895:
The "Sontagsjaeger," or those amateurs who can get away from their occupations on Sunday only for a quiet hunt, were spread over 12,384

villages, and have averaged 1000 shots each.

During the year they have killed

27 men, 13 old women, 7 boys and 3 little girls; 2104 men, mostly game drivers, have been wounded.

In addition to this, these same "Sonntagsjaeger" have killed three oxen, 12 cows, 132 calves, 276 goats, 57 rams, 72 sheep, 3671 hunting dogs, 11,491 other dogs, 8762 cats, 18 deer, 455 does, 149 hare, 322 partridges, 26 pheasants, 844 sparrows and 2 horses.

They have paid in indemnities 459,596 florins, in tips to the wounded 633,093 florins; to the physicians and lawyers 172,000 florins.

They have been in jail 74,388 hours for infraction of the game laws.

-Le Nord Medical.

We see in the Hospitalstidende that Professor Hofmeister, formerly of the German University of Prague, has been appointed to the position of professor of physiological chemistry in the University of Strasburg, a post that became vacant on the death of Professor Hoppe-Seyler.

ARISTOL.—Walton praises aristol in every form of burn. It is especially to be recommended on account of its absence of odor and its power of causing a rapid formation of granulations. In small burns aristol should be used in the form of a powder; in more extensive ones the following salve is recommended:

R.—Aristol 5.0

Olive oil 10.0

Vaseline 40.0

—Med. Novitaten.

APOLYSIN.—According to Dr. Greif, of Serkowitz, a number of cases of neuralgia that had resisted every other form of treatment yielded to apolysin. Large doses were given, 3 to 6 grammes daily, and were well borne. Dr. Greif heartily recommends the drug.
—Deutsche Medicin. Wochenschrift.

VESICAL CALCULUS AND VESICO-VAGINAL FISTULA.—A rare case of this is reported by Dr. Fink, of Halberstadt. The anamnese showed that in her fifteenth year the patient had had an abortion when about six months pregnant, and the trunk only of the fetus came away, the head remaining in utero. An examination showed that among many others there was one especially large stone impacted in a vesico-vaginal fistula. This stone was 4 cm. long, 2 cm. wide and 11-2 cm. thick. Its nucleus was found to be formed of one-half of a fetal lower jawbone and a bit of the occipital bone.

-Med. Novitaten.

DEPILATORY. — Dr. Butte recommends the following form of iod-collodion as a depilatory: Tr. Iod. 3, 0; turpentine 6, 0; castor oil 8, 0; alcohol 40, 0; collodion 100, 0. The parts should be painted over thickly with this for three or four days consecutively.

Upon removal of the collodion layer all the hairs are adherent to

the inner side.

-Aerztl. Rundschau.

INCUBATION OF BERIBERI.— Dr. Roll reports two endemics of this disease on shipboard which could be traced directly to the drinking water used.

In both cases the crew remained perfectly well as long as the European water held out, although they were stationed where there were many cases of beriberi. When this water gave out they were obliged to fill the casks with water from wells in the affected towns and in four or five weeks' time the disease broke out.

This shows the time of incubation to be about one month.

-Norsk Mag. f. Laegevidenskoben.

ACUTE YELLOW ATROPHY OF THE LIVER.—Dr. Lanz found a rare case of this disease in the Children's Hospital of Escherich. The disease attacked a 4-year-old boy, who had suffered for months from want of appetite and increasing weakness and thirst.

Brought into the clinic on account of an icterus that had developed

suddenly, he showed symptoms of acute yellow atrophy on the third day. The same day, exitus lethalis. The post-mortem confirmed the diagnosis. According to Dr. Lanz there are only 15 other published cases of this disease.

-Wiener Klin. Wochenschr.

SALVIA OFFICINALIS.—Krahn, who has made extensive experiments with this plant, recommends it highly in hyperidrosis. In 38 cases where it was used good results were obtained in 36, and 18 were cured. The tincture was the preparation of the drug most used. The dose was 20 drops in the morning and 20 to 40 drops at night; or, where the attacks are divided equally between night and day, 20 drops every eight hours.

-Med. Novitaten.

SYCOSIS.—V. Tile praises the following treatment: Neither epilation nor shaving the head is done. The hair is clipped closely every few days. The separate pustules are lanced, emptied and washed with a 1 per cent. alcoholic sublimate solution.

The cuts are made three or four times daily at first; less often later on. This treatment is continued for about six weeks until every trace of the disease has disappeared. At night the affected parts are covered with either zinc or Hebra's ointment. Rosenthal's paste may be used occasionally.

-Vratch.

ULCUS MOLLE. — Neisser's treatment of the ulcus molle with pure carbolic acid applied thoroughly to the bottom of the ulcer by means of a bit of cotton wrapped on a match is recommended by Dr. Joseph, of Berlin, who has employed it in many cases.

He gives as his experience with it that it is absolutely painless and often prevents relapse. After cauterization the ulcer is sprinkled with iodoform, europhen or thioform. Neisser then dwells upon the relation between the ulcus molle and forms of tertiary syphilis. It is not uncommon to have typical ulcera mollia apparently develop into serpigenous syphilides that heal on one side while they spread on the other.

In these cases the ulcera mollia were merely points of departure for a tertiary syphilitic relapse that healed rapidly upon administration

of potassium iodide.

-Deutsch Med. Wochenschr.

MIGRATORY FOREIGN BOD-IES OF THE EYE AND THEIR EXTRACTION.—Dr. L. de Wecker says that a foreign body will be tolerated while it is held in the enveloping membranes of the depth of the eye or in the lower portion of the vitreous, but as soon as, by migration, aided by the lymphatic current and by the movement that its envelop of leucocytes imparts to it, the foreign body has penetrated across the iris into the terior chamber, where it obstructs a portion of the angle of the iris and zone of ocular filtration, it provokes symptoms of irritation that are more or less serious.

Is this migration common to all the substances that wound the eye or is it peculiar to those that are more or less free and have a volume and weight that is comparatively elevated? This is a question to be resolved clinically and experimentally. What we must know in practice, given the undeniable fact of the migration of foreign bodies in the eye, are the following considerations: (A), The phenomena of irritation are caused by the presence of the foreign body in the anterior chamber; (B), such foreign bodies should not be removed by a made near the point of immigration, that is to say, toward the periphery of the cornea, but always on the opposite side, in the cornea itself.

-Le Progres Medical.

SUPERNUMERARY BREASTS. -Goldberger reports a case of polymastia in which the supernumerary mammary glands, two in number, were situated, one in the right axilla and the other about three inches below the left axilla. At the time of their greatest development they were each as large as a goose's egg or an ordinary apple. Neither one of them was provided with a nipple. Liquid taken by means of a hypodermic syringe from the right supernumerary breast was ascertained, by means of a microscopical examination, to be milk. The author states that among the many cases of polymastia previously reported there have only been four in which the supernumerary glands. have been destitute of ducts opening on the surface.

-Medical Recorder.

MILK DIET IN BRIGHT'S DIS-EASE.—Ajello (Gior. dell. Assoc. Napol. di Med. e Naturalist., 1896) has studied the effect of milk diet and of mixed diet in 21 cases of chronic Bright's disease, and he concludes strongly in favor of a mixed diet; at any rate, as far as the chronic stages of Bright's disease are concerned. Of the 21 cases, milk diet increased the volume of urine in nine and diminished it in 11. and had no effect in one. The albumen diminished in only five cases and increased considerably in 16 under milk, whilst under the same diet the urea diminished in 18 cases, the phosphoric anhydride diminished in 13, the same for the sulphur in 13 cases, and cenversely under a mixed diet these elements showed an increase. Full tables are given of each case. In the acute stages the author would advise milk diet, but he is convinced that for the chronic stages of the disease a mixed diet is far better.



REDRESSMENT FORCES AND TARSO CLASTIC IN THE TREATMENT OF CLUB FOOT IN THE INFANT.

BY DR. A. BOQUEL.

Manipulation aided by tenotomy often fails in the treatment of club foot. Most surgeons endeavor by ample force to overcome the resistance of the soft parts and the ligaments.

Delive published his procedure of treatment of this deformity in 1860, by what he termed "massage force." This was supplemented in some instances by tarsoclasty with use of instruments. Later came the oseous operations and Phelps' method of reposition by the open division of all the contracted parts. This latter did not meet with special favor among continental surgeons. Jones, of Liverpool, and Wolff, of Berlin, condemned it at the Berlin Congress in 1890, and since that time most surgeons have recommended manual reposition rather than the perincision.

Delore's method consists essentially in seizing the foot, and a moderate but steady force pressing it into position. The patient is placed in the arms of a nurse or on a table, then with one hand firmly holding the ankle joint, the other manipulates the foot. Care must be exercised not to produce an epiphyseal separation of the heads of the tibia or fistula in these cases. Movement of moderate flexion is now begun and continued until the contracted state of the tendon of Achilles is thoroughly overcome. Now the calcaneum is seized and the foot rotated outward or inward, as the case may require, until all resistance is overcome and natural form is restored. Care must be observed not

to unduly stretch the integument. The limb is placed in a plaster dressing, well padded.

This method is excellent, but requires for its success patience and caution. It consumes sometimes half an hour in its application. It requires relays of assistants, and, as Delores observes, the practical difficulty in the way is the danger of prolonged anesthesia. In most cases, as a preliminary step, the tendo-Achilles is divided. Many varieties of torsoclast have recently been devised to substitute the hand, but none of them are satisfactory in all cases.

There is great danger of crushing the bones or inflicting damage to the soft parts when the osteoclast is employed. It is therefore safer, if necessary, to make repeated efforts than to apply great mechanical force at once.

Wolff's method of redressment forcee has won many partisans in Germany and America. It is recommended equally in inveterate cases of childhood, as well as adults. The technique of this method is as follows: On a thick bandage extending from the meta-tarsaphalangeal arbentatures to the tuberosity of the tibia a double silicate band is applied. On this, provisionally, is placed a plaster bandage. Now an assistant fixes the knee, when the foot is gradually pressed in a position of valgres. Moderate force is kept up until the plaster is well By the fourth day the silicate is well hardened, when the plaster intercovering is cut off. If the first redressment has not been complete a wedge-shaped segment of the inverting mould is removed and fresh dressings applied over the first. The patient is placed on the feet at the earliest possible date. Successful. however, as this method is, in many

cases it is not without serious drawbacks, and cannot be safely adopted except by the experienced.

In the treatment of this class of cases the choice of election lies between redressment force on the one hand and redressment massage on the other.

In many the former answers admirably, as it has the advantage of brevity in convalescence and less tedium in treatment, but the danger to the integument and shock to the system, with occasional failure, outweigh many of its advantages.

The latter requires most persevering efforts in skilled and experienced hands and a very considerable period

in treatment.

Gaz. Heb. Juilliet 19, '96.

CHANGE OF THE POSITION OF THE SPLEEN IN THE CADA-VER.

Bearing on the above subject MM. Ramon and Ricon find in their exper-

First. That when one restores to the lungs their reserve air the spleen becomes horizontal, its anterior being considerably raised, while posterior is lowered.

Second. When we insufflate the stomach, the colon being empty, the spleen takes a vertical position.

Third. But when we distend colon alone, the stomach being empty, the spleen again becomes nearly horizontal.

Fifth. And lastly, when all the organs are empty and the lungs contain their reserve of air, the spleen inclines to the second and third positions, lying nearly parallel to the ribs, though not so obliquely.

—Soc. Di. Biology, Gaz. Heb., Juilliet, '96.

SURGICAL USE OF COCAINE.

1. The use of cocaine should not be abandoned because its irrational employment has produced deleterious results.

2. Always make a thorough physical examination of the patient before injecting the drug.

3. It should not be used in cases: showing organic diseases of brain, heart, lungs or kidneys, or in persons of neurotic diathesis.

4. Children bear it fully as well

as adults.

5. The patient should always be placed in a recumbent position prior to its employment.

6. Constriction should be used whenever possible to limit the action of the drug to the desired area.

7. Use a freshly-prepared solution

for each case.

8. Distilled water should always be employed, to which phenic, salicylic or boric acid should be added.

9. A two per cent. solution has a better effect and is safer than solu-

tions of greater strength.

10. Never inject a larger quantity than one and one-eighth grains when no restriction is used.

11. About the head, face and neck one-third of a grain should never be exceeded.

12. When restriction is possible the dose may be as large as two

13. Every slight physiological effect is not necessarily to be taken as cause for alarm.

14. Cocaine does have effect upon inflamed tissues.

15. In case alarming symptoms occur, use amyl nitrite, strychnine, digitalis, ether or ammonia.

-Codex Medicus.

THE DIFFERENT VARIETIES OF GALL-STONES.

Hanot and Letienne publish an interesting note based on their extensive researches on biliary calculus.

They divide calculi into those of microbic and non-microbic origin. The fresh microbic calculi they describe as of irregular form, vaguely round, raspberry-like, and apparently constituted of numerous small elementary concretions, many of which are to be seen free in the bile. These stones are not faceted, and resemble. as far as form is concerned, dried breadcrumbs. Their crystalline arrangement is not regular, and they

are not laminated. They are relatively soft in consistency, and crumble when pressure is applied, and may or may not have a central nucleus. Their color is generally pale. The old concretions of microbic origin correspond to the ordinary description of biliary calculi, occurring either as the solitary, ovoid, laminated stone, or the multiple faceted stones, also having a laminated structure and usually a central nucleus

The calculi not demonstrated as of microbic origin were only observed in cases where there was complete obstruction of the main ducts due to pressure from without, and not to stone.

These calculi are remarkable for their irregularity of form; they are amorphous and show numerous indentations on their surface, containing yellow bile-pigment, and contrasting strongly with the almost black color of the stone itself; they are very hard, and not faceted. The authors state that the organism almost invariably connected with the stones of microbic origin, and found also in the bile in these cases, was the bacillus coli communis.

-Comptes Rendus de la Societe de Biologie.





ABSTRACT OF PAPER ON ONE HUNDRED AND TEN OPERA-TIONS FOR RETRODISPLACE-MENT OF THE UTERUS, WITH SUBSEQUENT RESULTS.

Read before the Canada Medical Association on August 26, 1893, at Montreal, by A. Lapthorn Smith, B. A., M. D., M. R. C. S., England; Fellow of the American Gynecological Society; Gynecologist to the Samaritan and Western Hospitals, and to the Montreal Dispensary; Professor of Clinical Gynecology in Bishop's College.

Dr. Lapthorn Smith, of Montreal, read a report of one hundred and ten operations for retrodisplacement of the uterus, of which forty-two were Alexander's operations shortening the round ligaments, and sixty-eight ventrofixations or suspensio-uteri operations. He said that he now felt justified in coming to certain conclusions concerning these two operations since he had been performing them for over six years, the first Alexander's having been performed on the 23d of January, 1892, and the first ventrofixation on the 18th of March, 1890.

Most of the patients had been seen and examined, not only by himself, but also by many other physicians and students attending his clinics, while the few who had not been seen had been heard from through the physicians who had sent them to him. The results of both operations had on the whole been very satisfactory, with the exception of two cases, in which the ligaments broke, being very fatty, and also partly owing to the method of operating, which he has since improved; in one of these cases he immediately performed ventrofixation with good results; the other was a complete failure, having declined further operation. Also in one of the Alexander cases the uterus remained in good position for six months, when it began to fall a little. The failures all occurred among his earlier cases, none having occurred among those operated upon during the last two years. So far no case of hernia had resulted from the operation. The ventrofixations gave even better results than the Alexander's. They were performed for the most part upon women who not only had retroversion with fixation, but the ovaries and tubes were at the same time prolapsed and bound down by more or less dense adhesions. In many of these also there was laceration of the cervix and perineum with cystocele and rectocele. In those cases in which he had performed seven operations at one sitting occupying from an hour and ten minutes to an hour and a half, he had obtained the most gratifying results. These operations were: First, rapid dilatation with Goodell's dilator; second, curetting with Martin's curette; third, repair of lacerated cervix by Emmett's method, or amputation by Schroeder's method; fourth, tightening up the relaxed anterior vaginal wall by Stoltz's method; fifth, repair of the perineum by Hegar's method; sixth, removal of diseased tubes and ovaries, and breaking up all adhesions binding uterus down; and seventh, scarifying the anterior surface of the uterus and posterior surface of the abdominal wall. and stitching the uterus to the latter by two fine buried silk sutures, most carefully sterilized. The disasters following ventrofixation were two hernias and one relapse, all of which were subsequently remedied by a second operation. At the present time Alexander's operation has no death rate, while ventrofixation, while it has not any death rate

in simple non-adherent cases of retroversion, yet it must have a small death rate, at least when it follows the removal of very bad pus tubes.

He had performed both Alexander's operation and ventrofixation for prolapse as well as for retroversion, and as the results were excellent provided the pelvic floor was at the same time repaired, he much preferred these operations to vaginal hysterectomy for prolapse, an operation which he had performed a few times, and found easy, but which he hardly felt justified in doing.

Although several of the Alexander's had subsequently become pregnant, in no case did any untoward accident happen. But he had heard that some one on whom he had performed ventrofixation had subsequently become pregnant and aborted, but he had so far been unable to verify it. He was not aware that any of them had even become pregnant. This was probably owing to the fact that he had in most of them removed the tubes and ovaries, while in those in which he had left one or both ovaries and tubes, they were diseased and unable to functionate. He was frequently asked which of the two operations he preferred. This was difficult to answer. Alexander's was safe, but he preferred ventrofixation, because it had given him the best results. He probably continue to do Alexander's operation in young married or marriageable women in whom the ovaries and tubes were perfectly free from organic disease; while he would reserve ventrofixation for women who were sterile or who had marked adhesions, and who had suffered so much and so long in spite of treatment that the appendages had to be removed.

PENETRATING WOUND OF THE ABDOMEN IN A GRAVID WOMAN.

Dr. Micheli reports the case of a woman, aged 19, who received two stabs in the hypogastric region when six months pregnant. Both wounds penetrated the abdominal cavity,

the one about 2 cm. to the right of the linea alba, and about 5 cm. from the pubes; the other somewhat higher up on the left side. Laparotomy was performed immediately. It was then found that, instead of two external wounds, there four wounds of the uterus, two on the right and two on the left side. The first two only affected the serous membrane. The lower one of the two on the left side penetrated into the uterine cavity and pierced the canion. The uterine wounds were united with Lembert sutures. The patient went on well up to the third day, when severe pains set in, and on the fourth day she aborted of a six months' fetus. A fortnight later she had a slight pleural effusion, from which she soon recovered, and she is now, two months after the operation, in perfect health. The fetus was dead, and presented a wound 13 mm. long, penetrating into the left pleural cavity; the small intestine wounded in two places, and fibrino-purulent peritonitis.

SUBCUTANEOUS EMPHYSEMA OCCURRING DURING LABOR.

Dr. G. L. Freeman recently met with the following case, about 6 A. M. on December 1, 1895: I was called to a primipara in the first stage of labor. She had been ill since 11 P. M. the previous night, and was nervous and excitable till the second stage began at 8 A. M. Labor terminated naturally about 11 A. M. During the second stage the pains were very severe, and she became much heavier, holding in her About breath and bearing down. an hour before delivery she said her face felt tight and swollen; on inspection it was seen to be full, but no further notice was taken, and she turned away her head, covered it with a pillow, and remained so till the child was born. Then, when she turned around her face was seen to be enormously distended, as well as her throat, shoulders and chest down to about the third ribs, and the swelling had the typical

crackling feeling of subcutaneous emphysema. She complained breathlessness and a feeling of constriction about her throat. In her efforts to expel the placenta the swelling obviously increased, and in the breathlessness became aggravated. Firm downward pressure on the neck relieved her temporarily, and after the removal of the placenta the difficulty gradually sub-Toward night the swelling was considerably diminished, and on the morning of the 4th there was no trace of the condition. She was a slight, spare, healthy woman, 20 years of age, with a good previous history.

TREATMENT OF UTERINE CAR-CINOMA.

Dr. Baecker, in the discussion on the treatment of uterine carcinoma, at the Budapest Medical Society, pointed out that among 11,095 female patients who had been under his care 705 suffered from this disease, these cases being 6.35 per cent. of the total. There is no causal relation between it and delivery, for in 85 per cent. of the cases three years intervened between delivery and the outbreak of the disease. Moreover, a carcinomatous uterus shows symptoms of endometritis and the disease is developed in those situations where endometritis commonly occurs. He therefore agreed with the opinion of those writers who hold that endometritis predisposes to uterine carcinoma, and advocate a radical treatment of the former condition. Extirpation is to be resorted to as soon as the diagnosis is clear. Supra-vaginal amputation, which has been proposed for carcinoma of the vaginal portion, is unsatisfactory, because the end of the stump becomes strictured, and there may also remain some carcinomatous particles after the opera-Extirpation by the sacral method is to be performed only in those cases where the cervix is already so much thinned that it breaks down in the course of vaginal extirpation. Vaginal extirpation has

been performed in 70 cases, with a death rate of 11.6 per cent., and in 33 per cent. there was no relapse during three years. Professor Tauffner said that the relation between endometritis and uterine carcinoma had by no means been proved; he recommended Pean-Segond's method.

Professor Elischer believed that his histological investigations showed endometritis to be a secondary process. He removed tumors the size of a child's head per vaginam, but only in the case of a freely-movable uterus. In three cases of radical operation he had obtained gratifying results, one patient having already passed 12 years without a relapse.

METRORRHAGIA IN OLD WOMEN.

The following contribution is valuable and timely in pointing to the many types of uterine hemorrhage, which are not of a malignant origin, in middle-aged and elderly women. At this stage of life in the uterus there is a reversion of the anatomical elements, and the fungoid vegetation, which often stuff the uterine cavity on microscopical examination, will be found to present many of the features of sarcomatous, or lymphoid tissue, and lead the unwary into suspecting the existence of such a condition as would warrant a hysterectomy, while under intelligently directed simple treatment cure speedily follows. In 1896 Dr. called attention to a type of uterine hemorrhage in old women. He cited several cases, among which was one 12 years past the menopause. Two were over 60 years old. They had been seized with the copious and prolonged uterine bleeding. general condition of these women was excellent; no appreciable local lesion was present, neither epithelioma of the neck nor cancer of body, or other intra-uterine growth. Monod subjected these women to the use of ergot, with local injections of hot This cured them all. Uterine hemorrhage is symptomatic, generally of malignant growth, edenomata and fibroids; although sometimes it is impossible to assign a cause.

Bowlet and Trusseau have made a special study of the latter. Free bleeding in chronic endometritis is common in young women. The womb is enlarged, fixed and painful, and gives issue to a sanguine-purulent discharge. Martin, of Berlin, has observed abundant exterior hemorrhage in tuberculous women, without any appreciable lesion of the uterus. He had seen the same in cases of interstitial nephritis and diseases of the heart. Dancel had noted it in the polysarcic. It has been particularly noticed in very corpulent women. Herman and Tourneux have studied the morbid anatomy of this lesion condition. They noted characteristic changes in the

uterine tissue. The muscle elements became soft and pliable; the vessels in the mucosum are dilated and brittle; the arteries became rigid and atheromatous. Delbet noted the constant disappearance of the glands in the mucosum and subjacent tissues, they being substituted by a fibrous or fatty tissue. This alteration predisposes in some aged women to excessive uterine hemorrhage.

Treatment—In most of these cases rest in bed, dilatation of the cervix, curettage and warm boric acid irrigation suffices. But in obstinate cases potent astringents are useful. Electricity often serves a most useful part in stimulating the lax muscle and imparting tenacity to

the vascular elements.

-Gazette de Gynecology.





SILVER AND SILVERSALTS AS ANTISEPTICS; THEIR BACTE-RIOLOGICAL RELATIONS AND APPLICATION IN SURGERY.

BY B. CREDE.

Years ago the observations of my father in treating the inflammation of the eyelids of young infants with a solution of nitrate of silver induced me subsequently to inquire into the therapeutic application and usefulness of silver and its salts. I did, however, not meet with success in my attempts to attain to a generally applicable method of treating wounds with nitrate of silver, on account of its ready chemical decomposition and its corrosive action on mucuous membranes.

I was subsequently incited to further efforts by the experimental labors of Behring, Miller, Bolton and others on the antiseptic value of silver solutions, and further by the investigations of Liebrecht, Mever, Jadasson and Schaeffer on the value of argentic albuminoids, especially of Argonine. But all these labors failed to add much practical value to surgery. I did not get on the right track before I happened to come to the Johns Hopkins Hospital, in Baltimore, while traveling in the United States, and there witnessed the method of dressing employed by Dr. Halsted. He was fully familiar with the observations of German investigators in regard to the antiseptic action of the noble metals and made practical use of it by covering small or closed wounds with thin silver foil and controlling the destructive action of this dressing upon bacteria. But, as far as my knowledge goes, neither Dr. Halsted nor any other practitioner inquired into the real cause of the antibacterial efficiency of this dressing. Therefore no general systematic method for the treatment of all kinds of wounds was provided.

In common with my assistant, Dr. Beier, I have succeeded in proving that metallic silver, when upon aseptic sterile wounds, remains unchanged and does not at all irritate, so that it may be considered in every respect a thorough aseptic dressing material. In case a wound is not aseptic but is in any part or in its surrounding infected by bacteria, the products of the bacterial vitality oxidize the surface of the silver and enter into combination with the argentic oxide, forming argentic albuminates which have strong antiseptic properties. In other words. a powerful antiseptic is at once formed by the aid of the aseptic metallic silver dressing as soon as the wound is already infected or becomes so. We succeeded in determining by a series of experimental researches that the bacterial secretions acting upon silver and entering into combination with its oxides are organic acids, pre-eminently lactic acid, and that the antiseptic which an infected wound when dressed with metallic silver generates of itself is lactate of silver. After having established this fact the Chemische Fabrik von Heyden, at Radebeul-Dresden, succeeded in kindly furnishing me with an absolutely pure, stable lactate of silver, to which was given the briefer and characteristic name Actol. could now continue my experiments, commenced with metallic silver, with the real argentic disinfectant, and that both in its dry powder form and in its aqueous solution.

Lactate of silver (Actol) is a white, odorless, almost tasteless powder, which, when kept in a brown glass vial, remains unchanged; it is soluble in the proportion of 1 to 15 parts

in water and in albuminous fluids. It has no corrosive or irritating action upon wounds, but sometimes produces in sensitive ones a more or less strong burning sensation varying in duration from several minutes to several hours. In its aqueous solution in the proportion of 1 to 1000 parts, it destroys within 5 minutes streptococci, staphylococci, bacillum anthracis, etc. In blood serum it retards the development of bacterial germs in a dilution of 1:80000 parts, while corrosive sublimate does so only in a solution of 1:20000 parts. It is, therefore, evident that the silver salts, as already noticed by Koch and Behring, with nitrate of silver, exercise in animal cellular tissue a destructive action upon bacterial life, and therefore have an antiseptic power at least four times as great as that of corrosive sublimate. This is, moreover, far more poisonous and forms in a concentrated solution insoluble compounds with albuminous substances, whereby it destroys the cellular tissue and checks a further penetrating antiseptic action. Herein lies a very considerable difference in action and efficiency between some organic silver salts on the one hand and corrosive sublimate, as well as almost all other efficient antiseptic dressings, on the other hand. The silver salts here taken into consideration do not destroy cellular tissue, while they prevent the propagation of bacteria, since they remain in solution and because this solution permeates the tissues and consequently not only exercises a local action, but also transfers it from layer to layer. The property of lactate of silver of retaining its solubility as well as that of the albuminates formed, while permeating the cellular tissues, until all the silver is transformed into albuminate, admits theoretically the advantage of applying it also internally by means of hypodermic injection in some infectious diseases, the more so as it is absolutely non-poisonous. The results of my experiments with this method of application may be found recorded in my pamphlet mentioned before. I, therefore, confine my statements in this regard to mentioning

but two hopeless cases of anthrax and five grave cases of erysipelas, all of which were successfully treated by subcutaneous injection with a solution of actol (0.05:20.0 agua with anthrax, and 0.3—1.0 : 100—200 aqua with erysipelas). Encouraged by such success I shall continue this experimental treatment in cases of septicemia, pyemia, puerperal fever and diphtheria. A local affection could not occur because I injected the solution into the subcutaneous cellular tissue of the abdomen. Since this application is somewhat painful it may be applied either during narcosis or in combination with cocaine.

In veterinary practice a solution five times as strong may be used.

As stated before, when lactate of silver is employed in powder form it exercises some irritating action upon more sensitive tissues, because it is rapidly absorbed on account of its ready solubility; a toxic effect, therefore, is not quite excluded after a liberal and long-continued application of the dry powder. Besides this, the treatment becomes unnecessarily expensive. For this reason the Chemische Fabrik von Heyden in Radebeul-Dresden prepared eight more organic silver salts and placed them at my disposal for further experimentation. It was to be assumed that these salts, on account of their close chemical relation to lactate of silver, would have similar antiseptic properties while they had the advantage of being less readily soluble. Of these argentic salts citrate of silver proved to be the preferable and most efficient one in its action in bacteriological and clinical experimental researches. It forms a light, dusty and stable powder without odor and almost devoid of taste and of the same antiseptic power as the lactate, but it requires 3800 parts of water for solution. A solution of 1 part in 4000 parts of water suffices to destroy all bacteria within 10 minutes; its antiseptic power, therefore, is amply sufficient in all cases commonly occurring. It occasions no unpleasant or painful sensation in any kind of wound and its scanty solubility secures for it a more lasting action with the advantage of a sparing application. Its use is, therefore, much cheaper than that of iodoform, although it is relatively about twice as dear.

It is now more than seven months that I have also used citrate of silver, known by the briefer term "Itrol." I have treated with it more than 400 surgical cases and more than 1000 patients in clinical and in private practice. In all this experience I have never observed any abnormal or detrimental reaction with the citrate of silver (Itrol) treatment, but uniformly a normal and rapid process of healing, never before experienced with the former method of

asepsis and antisepsis. I now come to my usual method of treating wounds. I need not state that I also consider the aseptic method of treating wounds the ideal one, but it must be admitted that side by side with the aseptic method the antiseptic one cannot be dispensed with. In many cases quite an extended disinfection of the infected wound is requisite and there occur not a few cases which do not admit aseptic treatment, as is also the case with wounds on some parts of the body. Nor should it be left out of consideration that a perfect aseptic treatment can only be resorted to in well appointed hospitals and cannot be attained at in private practice, and still less in the surgery on the battlefield. Since the aseptic treatment, however, has full value only when it can be applied to its full extent, the additional antiseptic treatment is indispensable in many cases. I have also frequently observed in parallel cases that in feeble persons, as in other cases, the process of healing was considerably facilitated and a much more rapid one besides, is more expensive than my with my antiseptic method than with the common aseptic dressing which, silver dressing on account of the relatively much larger amount of material used. Nor do I see any reason why we should not employ an efficient antiseptic in the treatment of wounds, which is not at all irritating, nor poisonous, and which acts with superior promptitude. The fact that chemical disinfectants are more

and more going out of use may be explained by the fact that no universally applicable antiseptic is yet known. I feel justified in maintaining that there is no antiseptic which is entirely devoid of any irritating action, is non-poisonous and does not affect cellular tissue unfavorably, which never fails to destroy germs, which is odorless and can be used as a powder, in which condition only it can be employed on many wounds and can exercise a lasting action. All known antiseptics comply only with one or some of these requisite conditions, while the practitioner anxiously looks for an antiseptic which fulfills as much as possible all requirements. I dare not maintain that citrate of silver (Itrol) represents such an ideal antiseptic, but the fact is that we have as yet no better and no more perfect one at our command.

Nor is there any considerable difference between my method of treatment of wounds and the commonly practiced aseptic treatment. It stands about half way between the aseptic and antiseptic processes. After the operation has been performed I also rinse the wound and its surroundings repeatedly and carefully with water. When closing the wound, I first cover it with silver gauze or with gray silver dressing, as its manufacturer, Mr. Arnold, in Chemnitz, calls it, in order to distinguish it from white silver dressing employed in minor wounds and in transplantations. This silver gauze is a mull impregnated with metallic silver in a most minute powder form. In this condition and so applied, metallic silver has proved to be perfectly non-irritating and is undoubtedly a superior aseptic dressing. Its antiseptic action is initiated after the bacterial infection of the wound and the development of bacterial vitality and its secretions, largely consisting of lactic and some other organic acids. These at once act upon the silver resulting, as stated before, in the formation of lactate of silver, of itself a powerful antiseptic.

Infection may occasionally occur even in wounds presumed to be aseptic; in such cases the presence of metallic silver in a minute division of-

fers a constant and prompt countereffect against any secondary infection. Wounds which I prefer not to close at once are first dusted with citrate of silver and subsequently covered with silver gauze, especially in the deeper parts; upon the surface the cheaper common gauze is mostly a sufficient protection. Wounds already disinfected, as well as serious complicated fractures, are not re-disinfected by me because I deem it not necessary; I confine my treatment to a thorough cleansing with soap and water and a subsequent liberal sprinkling with dry citrate of silver without disturbing the process of healing by a close examination; on the top of citrate of silver I fill the wound with silver gauze and above that with common sterile gauze. In case infection already has set in and deeply penetrated the tissue this cannot well be counteracted, but to a certain extent a disinfection can be accomplished by means of citrate of silver, as it remains dissolved in the serum and in this way may penetrate the cellular tissues and reach the spot of bacterial infection.

By reason of theoretical argumentation and some practical experience, it seems to me, however, not impossible to obtain in such cases a still further reaching disinfection by the application of the more soluble lactate of silver, as I have observed in cases of anthrax and erysipelas.

When rinsing cavities like bladder, etc., I have successfully applied citrate of silver in a solution of 1 part in 4000 to 10,000 parts water, and in cases of abscesses with much pus and where more energetic action is required, the use of the more soluble lactate of silver (Actol) in solution of 1 part in 500 to 2000 parts of water is preferable.

It is, however, a special gratification to me, apart from injections in cases of tuberculosis, no longer to be obliged to employ iodoform, which is in many cases an unreliable

and insufficient antiseptic.

Whenever instruments have to be placed into parts of the body or into cavities or wounds for some time, of course only such made of pure silver are employed. It is well known

that seams with silver wire are and remain less irritating than those made with silk, but as silver wire cannot be applied in every case, I use silk, catgut and caoutchouc ligatures and drainings coated with metallic silver. This has been more elaborately described in my treatise repeatedly mentioned. The threads are hereby not only protected against infection, remaining sterile, but in case of any incipient infection of the canule or the surrounding tissue the silver will enter, as described, into a chemical combination which by its intrinsic antibacterial action at once will counteract and destroy such primary or secondary infection, as long as the silver lasts.

In regard to the efficient application of citrate of silver in gynecological practice, in the treatment of diseases of the eye, the ear, the throat, as well as of the sexual organs, I must refer to the detailed

statements in my treatise.
In concluding I beg to call your attention to the various chemical, surgical and bacteriological preparations placed before you for inspec-

tion. They are:
1. White silver dressing.
2. Gray silver dressing.

3 Silks, catgut and drains coated with silver.

4 Petri's disks containing:

a. Silver upon agar-agar infected insterile strata with staphylococci.

b. Gold, silver and copper upon an equally infected medium of agaragar. Gold has remained intact, silver is partly, copper entirely dissolv-

c. Disk with agar-agar also infected with staphylococci upon which has been placed a trace of lactate of silver forming a large sterile strata.

d. Disk equally prepared charged with a trace of citrate of silver, also forming large sterile strata.

e. Gauze, threads and drains upon infected agar-agar, also forming sterile strata.

5. Two drawings of silver with sterile surroundings infected with streptococci.

6. Citrate of silver and lactate of

silver in dry substance.

FERRATIN.

"Eisen-Hunger." — Physiological and clinical tests prove that ferratin supplies the needed iron to nourish the blood—and hence the system.

On page 341, of Professor Schmiedeberg's "Arzneimitellehre" (latest edition) this eminent pharmacologist states: "The fact and effect of a craving for iron (Eisen-Hunger) can be experimentally proved on animals. A strong, frisky dog, after a moderate loss of blood, was fed for five months on pure milk only, and gradually became so weak that he refused further nourishment, became reduced in body weight, tottered when on his legs, and finally was at the point of death. At this stage one gramme of ferratin was added to the milk per day; the dog ate this with ravenous appetite, and within 14 days had regained his weight and general condition to nearly equal the normal strength and activity possessed before commencement of the experiment."

Ferratin in 8-grain doses three times daily was recommended by Germain See, the late distinguished French therapeutist, for "those suffering from anemia from hard work, though apparently in good health; those, of both sexes, affected with chlorosis; those weakened by too rapid growth and puberty; those fatigued by study; and, in short, all in whom a diminution of red blood corpuscles had ensued, due no matter to what causes."

HEART STRAIN.

Pawinski regards caffeine as of especial use in functional and degen-

erative disease of the heart-muscle, and especially in the early stages. Sudden heart-strain from emotion or during fevers is particularly benefited by caffeine.—Medical Times and Hospital Gazette.

PILOCARPINE.

Pilocarpine, as it occurs commercially, often contains jaborin and other allied alkaloids and impurities; jaborin acts like atropin, hindering secretion, and its presence therefore disturbs the therapeutic effect of pilocarpine. The most reliable test for purity is the melting point. The United States Pharmacopia gives 197 degrees C. (386.0 degrees F.) as melting point; comparative tests recently made in the experimental laboratory of C. F. Boehringer & Soehne showed that Boehringer's Pilocarpine muriate melts at 15 degrees C. above any of the other brands in the market. The best of the competing products were recrystallized, and the resulting crystals then closely approximated the "Boehringer" standard, proving that impurities originally present had been eliminated by the careful recrystallization.

As Pilocarpine hydrochlorate is now more popular than ever before in medical practice, and in view of the delicate uses to which it is put—internal or local, with possibility of toxic effects—physicians and pharmacists should exercise special care to prescribe and dispense only an absolutely pure product. And the melting point test seems to be the easiest applied and most reliable. The product should not melt below

197 degrees C.





LOST APPETITE.

A child's appetite is a great test of the state of his health. As long as he takes his meals regularly, eats eagerly and takes a fair quantity of nourishment, there is little or nothing the matter, and other symptoms of ill-health are of comparatively small importance. A healthy appetite leads a child to show signs of enjoyment of the food set before him. It is encouraged by the muscular and mental exercise, by contentment, by regularity in the times of meals, by the use of plain food only, and by varying the food in a greater or less degree, according to the age of the child. Food eaten with a relish is much better digested, and it is a great mistake to insist upon children eating when they show a marked disinclination for food.

Hunger and appetite must not be regarded as exactly the same thing. Hunger is a craving of every tissue of the body for some material which will nourish it, and it is expressed by a curious sinking sensation in the stomach, and a longing for food. Appetite is less physical than mental, and watches over the functions of the stomach, observes all that is presented for entrance, and rejects what is injurious or distasteful. An unspoiled appetite is a perfect guide as to the quality and quantity of food to be taken, but it may easily be destroyed by over-indulgence or bad habits, such as giving too much or too little food, administering it too frequently, giving foods that are too rich, too stimulating, or unsuitable to the age of the child, and by irregularity in the meal times.

Inordinate hunger is often found when food has been given that is not well adapted to the young digestion, as in this case the child, although a quantity of food has been taken, cannot assimilate it, and is really being starved. In older children and adults, inordinate hunger sometimes arises from gastric irritation, and will often lead to more food being taken than is necessary, a condition of affairs which will further increase the trouble.

Loss of appetite is found in children of feverish condition, as a precursor of fevers and other ill-health. and in acute disorders of the stomach. If a child takes his food badly something is sure to be wrong, and it is necessary to ascertain the cause. If it is an infant that is teething, ascertain whether the gums need lancing. If not, before doing anything further, give a dose of fluid magnesia. Sometimes lack of fresh air is the cause of loss of appetite, and the child could be carried out into the air for lengthened periods. The bottle should be given at longer intervals, and it may be desirable to change the food given, as sometimes one food palls upon a child that will immediately take another.

In hot climates, in summer, loss of appetite often means the approach or presence of a fever, and then to insist upon food would be a great mistake. A drink of pure, fresh water should be given occasionally, and a little magnesia will do no harm. If there is constipation a

dose of compound rhubarb powder and gray powder will often put matters quite to rights, the dose being proportioned to the age of the child.

Plenty of air and exercise and the judicious administration of aperients, if necessary, are most valuable in all cases of loss of appetite occurring without other signs of disease, but, of course, if any disease is apparent, this must be treated on its own merits.

AROUND THE HOUSE.

A pad and pencil in the kitchen is a great help to the cook's memory.

Never leave vegetables, fruit or cooked meats in a tin vessel over night, or any length of time, as there are poisonous substances in the tin which are highly dangerous and often poison whole families.

Sprinkle unslacked lime around the dark corners of your cellar to absorb the dampness and kill disease germs. It isn't a bad idea to keep a box of lime setting in the cellar or in any damp closet or room.

Don't let rolls of goods, scraps and shoes lie around on closet floors; make wall pockets of brown denim—the cheap quality—or old gunny sacking, and tack on the walls, in which store away your odds and ends. It will be much neater, handier and more economical.

A cozy corner can be easily devised from a couch, a few cushions and several yards of Chinese crepe.

Pretty stands for hot dishes are made of wrought iron. The design may be oblong or circular, as desired.

A cheaper and purer sirup than you can possibly buy is made of a pint of granulated sugar and just enough water to keep it from burning while the sugar melts. Boil three minutes and do not stir.

An excellent palliative for large burns is found in dipping old linen or fine cotton cloths in milk and binding loosely on the burn. Then put over that a thick layer of cornstarch, which dampen with milk, poured on as fast as it dries. No scar will be left, and the burn will heal rapidly.—Chicago Record.

It is told of some English women missionaries that the King of Uganda, where they were sent, was so struck by their fashionable attire that he observed that they probably put all their food in their sleeves, as there was plenty of room for it there, and none in their waists. This recalls the story of Captain Griffith of the female prisoner who scraped the walls of her cell to make powder for her aged cheeks.

SUGAR NOT INJURIOUS TO THE TEETH.

A writer in the Contemporary Review devotes most of an article on champagne to the popular idea that gout is produced by the sugar contained in that drink. The paper is "not a medical paper," but the writer brings forward considerable evidence to show that champagne has nothing to do with the production of gout, and in an aside speaks of that other popular notion that sugar destroys the teeth. He says:

"In corroboration of the fallacy of the sugar and gout idea it may be mentioned that the still more reprehensible dogma in a sanitary point of view that sugar ruins children's teeth is equally false. Indeed, how the idea ever came into existence is a mystery, seeing that the finest, whitest and strongest teeth found in the mouths of negroes brought up on sugar plantations, who from their earliest years upward consume more sugar than any other class of people whatever. Those at all skeptical of the value of this fact have only to look around among their personal friends and see whether the sugar-eaters or the sugar-shunners have the finest teeth. and they will find-other things being equal—that the sugar-eaters, as a rule, have the best teeth. The only possible way for accounting for this libel against sugar seems to be by supposing it originated in the brain of one of our economically-disposed great-grandmothers, at the time when sugar was two shillings a pound, in order to prevent her children gratifying their cravings for sweets at the expense of the contents of the sugar basin."

In making Indian meal mush, cook it with milk in place of water, or part water and part milk, if not convenient to use all milk. The pudding will be much richer, and when fried will more readily take a nice brown.

Every housewife should impress upon the minds of her family that the best sauce for any meat is cheerfulness. Laughter aids digestion, and people should never grumble while eating.

HOT WEATHER NOTES FROM STILLVILLE.

Atlanta Constitution.

We rise with the thermometer now—not with the lark.

The sun has barbecued the cattle

on a thousand hills.

This is the time when you can't possibly appreciate the melting notes of the mockingbirds.

The Mayor's celluloid cuffs caught fire yesterday and burned down the

town hall.

Even the Democratic party in this neighborhood is in a blaze of glory.

Several candidates got overheated yesterday while running for office.

We don't go to church these hot days. We simply look at the thermometer and fall to praying.

Boston Transcript—Dr. Jalap— "Let me see your tongue, please."

Patient-"Oh! doctor! no tongue can tell how bad I feel."

A MINOR POINT IN NURSING.

Editor Medical World:—Pin the four corners of the under sheet to the bedtick. This keeps it from drawing toward the centre of the bed from the weight of the patient, forming wrinkles under him. I noticed one of the best nurses I have met doing this.

-J. S. Watt, M. D., of Belvue, Kan. Medical World.

THE PHILOSOPHY OF FRYING.

The true philosophy of frying is to have the fat at a boiling heat before anything is put into it. merely warm it penerates and the food is "greasy."

-M. K. W.

FOR THE INVALID'S TRAY.

Toast.—Cut thin slices of bread into strips, toast carefully and evenly without breaking and serve immediately on a hot plate, slightly buttered, if admissible. This may also be served with the juice from roast beef or mutton poured over.

Chicken Tea.—Cut in small pieces a chicken from which the skin and fat have been removed. Boil the pieces in one quart of water, with a little salt, for 20 minutes. The tea should be poured from the chicken before the meat is quite cold.

Sweet Corn Coffee.—Brown the corn nicely in the oven and pound it or grind it. Make as any other coffee and put in a little milk or cream. It is a good drink when the patient can keep nothing on the stomach.

-M. K. W.

QUITE PROBABLE.

A Nevada hunter spent months hunting for a grizzly bear, and the man's relatives have spent three months looking for him. They think he must have found the bear. -Texas Sifter.

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WHOLE No. 924.

Frank S. Parsons, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 Betz Building, Philadelphia. Pa.

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BY E. S. McKEE, M. D., CINCINNATI, O.

February 22, 1896, the author was called to see Mrs. L., a III para in labor, at the eighth month of gestation. Twins, both male, were soon delivered; one was found to have the two inferior incisor teeth presented, both children being small and poorly developed. The mother was a small woman. Both teeth were loose, and one dropped out at the tenth week. The child died at the twelfth week, the one tooth being lost, the other is still in my possession. It died suddenly and away from home. The physician who was called ascribed the cause of death to meningitis.

The premature eruption of the teeth, I suppose, is due to some abnormal development of the bone. Probably most cases have some connection with rickets, and appearances

would indicate that this child had rickets. In some children who cut their teeth very early the fontanelles close early, but not in those cases where the teeth are congenital. The enamel is very thin in these teeth and the teeth are without roots. One of them, the first which cut through, was in danger of dropping out all the time. Congenital teeth are quite rare. Paris Maternity reports out of 17,578 births between 1858 and 1868 only three cases of congenital teeth; about 1:6000 out of 500 cases collected by Magitot in 1876, in which the eruption of the first tooth was noted, only one was congenital.

Ballantyne, in the Edinburg Medical Journal for May, 1876, reports seventy cases gleaned from the literature. Premature labor in the case of congenital teeth has occurred in the cases of Crausins, at the sixth month; Helwig, at the seventh, and Lamm, which is reported as occur-

^{*} Patient presented to the Obstetrical Society, of Cincinnati, April, 1896.

ring prematurely, and the case reported by the author, occurring at the eighth month. Hair was noted as well as teeth in the cases of Bartholin, a tuft of yellow hair on the left cheek, as well as two molars. Schurig also reports a similar case. Precocious mental development does not seem to follow premature eruption of the teeth, only one case, being Mattei's second, a girl of five years, nor does the opposite seem to be indicated. Perhaps this idea has gained credence from Pliny. early closure of the cranial sutures and fontanelles, in association with congenital dentition, has been claimed by Mackenzie, but Jacobi has never noted it and Forchheimer has found large fontanelles and diastatic sutures quite as common.

Etiology of congenital teeth probably best described as the premature occurrence of the processes which normally lead to the cutting of the milk teeth; in a few stances it is probably due to a true ectropia of the dental follicle and its tooth. The extraction of teeth in the mother during pregnancy occurred in the cases of Flesch. She had ten teeth extracted in the third month, and in the author's case two teeth were extracted also in third month. The mental influence of this is a matter of conjecture. Inheritance is shown in the case of Mattei, the infant's mother had also been born with a tooth, and in Limrick's case the mother had two congenital teeth; her second child, a boy, had the same anomaly, and her sister's child, a girl, also had two congenital lower incisor teeth. Molar teeth are only reported by Jacobi, Bartholin, Bouchut and Kaufman.

Treatment: A tooth dangling uselessly and aimlessly in the mouth should unquestionably be removed; otherwise, a safe rule is to let it alone, unless there are special indications present for action. teeth are sometimes so situated as to prevent complete closure of the mouth, to make nursing painful, futile, and to endanger the nourishment or life of the child. Under these conditions the way is clear for action. Magitot probably magnifies the danger from hemorrhage in extracting congenital teeth. Having lost one child he lays down the rule never to extract these teeth. hemorrhage recurred on four separate occasions and proved fatal, in spite of all treatment. This is the only case where serious hemorrhage followed. If the child is puny and delicate, perhaps syphilitic, hemorrhages are possible. Some authors claim the possibility of no milk teeth appearing to fill the vacancy. They serve as a curiosity for medical men and students, a sight many do not get to see in a lifetime.

Shakespeare mentions the subject quite frequently: In "Richard III" the Duchess of York says: "Marry, they say, my uncle grew so fast that he could gnaw a crust at two hours old. 'Twas full two years ere I could

get a tooth."

Queen Margaret: "That dog that had his teeth before his eyes." King Henry VI: "Teeth hadst thou in thy head, when thou wast born. To signify, thou cam'st to bite the world." Richard: "For I have often heard my mother say: I came into the world with my legs forward. The midwife wondered, and the women cried: 'O, Jesus, bless us; he is born with teeth.' And so I was, which plainly signified that I should snarl and bite and play the dog."

In English and French history we hear of the mention of Richard III, Louis XIV, Richelieu, Miraban and

Mazarin.



THE MICROSCOPE AND ITS NEW. REVELATIONS OF IMPORTANCE IN THE PREVENTION OF DISEASE—TUBERCULOSIS AND CANCER.

VS.

THE MICROSCOPE AND ELECTRICITY AND NERVE FEEDING.

BY E. C. MANN, M. D., F. R. S., NEW YORK.

The mind of a healthy man instinctively recoils from the contemplation of the degenerative changes in the human body, which are the first prophecies of decay and death, and turn with the elasticity of youth itself to the bright and rosy and joyous side of energy, love and faith. The good emperor, Marcus Aurelius, was wont to say that we should live as if every day was to be the last. So we ought, but how much less doleful is it to spring out of bed, take a cold sponge bath, and either take a horseback ride, a spin on one's wheel or pull on the oar in a shell; or take one's gun and bring home sixty or seventy snipe from south of the lighthouse on Fire Island, between 3 A. M. and 8 A. M.; or up in Vermont, at Middleton Springs, bring home a fine breakfast of brook trout, varying from onequarter to three-quarters pounds a piece, lying in the beautiful green moss one can get in the same meadow, just up a mile or so from the old barn. My would-be fishermen whom I hear asking "where;" No! I insist that when the fine September air makes of simple existence a pleasure, and the music of the buzzing reel on a trout rod; the crack! bang! of the two barrels you let fly at the bunch of snipe just settling among your "stool" or decoy, as you lie behind your "blind;" the snorting and mimicry, if your true Kentucky-bred saddle-horse which Railev brings on here every year; the poetry of motion of your wheel, with the added pulsation of

your pulse, even when the object of one's affections is riding either alongside or on the tandem wheel; the jump of your shell through the water, as invigorated by the magnificent autumn air you dip your oars deep for a trial record-breaking race with some early-rising friend from the adjoining boat club. All these are much better, morally, physically, psyschically and every other way than to sleep late in the morning.

We believe that a religion of energy, love and faith is good enough for anybody, man or woman, and if you "fear God and keep the bowels open," as old Dr. Abenethy used to tell his London patients, one will do pretty well, as this world goes, and the next also.

Now, to get from sentiment to science: I have to announce to my professional conferees the discovery or the finding, while working the microscope, of the fact that the essence of inflammations in the human body consists in a perversion of functions of the standthe corpuscular eleof ments of the blood. We are on the threshold of the solving of some of the biggest-if I may use the wordproblems as to how men live and how men die that the world has yet seen. This is an iconoclastic age. Investigation, with every student, precedes agitation. I do not keep in professional work with deductions in sociology, preceding the knowledge of facts, before I know the structure and functions of the social microscope; any more than

Schaffle, of Austria, does, in his magnificent work on sociology, his three most distinguished followers here being Lester H. Ward, Mr. Vincent and Mr. Small. I wrote in '86 on prenatal education and post-natal enrichment. In 1886 I was working my microscope in the structure and functions of the brain and of the entire nervous system, and a letter from Dr. Oliver Wendell Holmes, of encouragement and generous praise is my most prized possession to-day. Just so in the field of theologic science—for if not scientific it is nothing; and it is scientific, and it is true, and it is a guide; i. e., the Bible is, both in the training of children and the conduct of life and in the study of an individual psychology, which bright minds, like that of Dr. Elizabeth Storr Brown, and I use her name because she read before the Academy of Anthropology, of which I have the honor to be president, the best essay on "The Psychology of the Infant" I ever listened to; and it is confidently asserted every day by some pseudo-scientists that a woman's mind is a thing inferior, that cannot reason in the abstract. once heard one of these men make the address of a social agitator; full of hasty, unwarranted social conclusions, and wild, hair-brained theories of social action, which were pretty much the same in essence as those whose full fruition was in the French Revolution, and which, even as I write, are those which have taken such root in American soil that to the minds of thoughtful students of society makes it seem problematical whether they can be exorcised until society has learned their delusion at a fearful cost. The grand victory in Vermont and in Maine, however, showing that while we must not let them lead us into relaxing one single effort to bulwark the nation, yet that the man is nearest right who has the greatest faith in the resources of our country and all that our flag and our Union and the Constitution and a high and a pure Judiciary stand for.

I have discovered, and I do not think I am alone in the discovery, that the bone shafts of the human

body are penetrated by the lymphattics, which are small, transparent vessels arising in the various tissues, provided with valves, like the veins, and running toward the heart. They are occasionally interrupted by lymphatic glands, and carry the leakage of the blood vascular system and the waste of the tissues back into the nervous system. place for discharge for the drainage of the right side of the head, right arm and adjacent regions of the trunk is at the junction of the right subclavian and right jugular veins, while the lymph from all the rest of the body, through the thoracic duct, pours into the blood at the corresponding place on the left side. That part of the lymphatic system which runs from the intestine takes up some of the products of digestion, and the vessels are here called We may regard lymph, lacteals. provisionally, as an alkaline fluid like blood; in fact, blood, minus its red corpuscles and diluted with water, so as to be somewhat less dense than the serum of blood, which contains about eight per cent. of solid matter. I said we are on the borderland of a great discovery; indeed, of several great discoveries. We are. We are on the borderland of prevention of both The solving diseases. problem of ridding the world two destructhe great tive diseases of consumption, or tuberculosis, and of cancer, is going to depend on two things, and for myself, although I have worked the microscope for twenty years, I feel myself only a student; but I try to be a careful observer of what I see. The key to the solution of this problem is, I am satisfied, in preventing the retrograde changes which result in these two diseases. These retrograde changes in the human body are a lessening of vitality and an increased lessened resistence of the tissues to tubercular phthisis and to cancer by a lessened central vitality, which depends, or seems to depend, in my studies with the microscope, upon the arrest of the whole force of the sanguinous or blood wave. If the body, by the advancing condensation of bone, for one thing, which obliterates whole systems of blood and lymphatic vessels, mix the loss of the elastic, resilient, cancelous substance in various situations in the body, and the consequent loss of blood vessels, we do get a lessened resistance to disease, and we do not get any compensating increase in any other part of the body of the blood wave; on the contrary, as a friend of mine wittily said, it is "worse and more of it," for with the shrinkage of bone tissue come a lot of other degenerative changes, many of them premature, in the part of those who start in life to get all they can out of it in as short a time as possible, and from the cradle to the grave never take intelligent care of themselves. We have seen what the first of the causes of these two destructive diseases, consumption, is, viz.: a lessened vitality and lessened resistance to disease depending in a lessened sanguinous wave.

The second is a secondary change in the corpuscular elements in the blood. Science is progressive. What we think we know one year have to abandon the next on account of some important discovery which revolutionizes all our work and probably our very method of work. With different facts discovered our conclusions are very different, and the therapy has to be reconciled and adjusted to facts and the conclusions from a close and careful, and in the present case, a microscopical investigation of them. To-day we know that we have not only white and red blood corpuscles, but also, that we have the matured blood disc; the hematoblast and granule, beside the various types of the red blood corpuscle, seen under the microscope, and induced by artificial or pathological conditions. It is in the finer changes in the morphological characters of the corpuscles, appearing in the disturbance of the functions of the structures of the body, and especially, the action of the corpuscular elements of the blood. I do not cling to that class of investigators who mistake novelty for improvement.

On the contrary a good microscopist, with a good method of investigation, derived from a good instructor, and I claim for myself. the two latter at least, is about the last man to be led astray by theories. He is looking for facts, and upon them only, will he accept conclusions. He sees, and he observes what he sees. Professor Alonzo which used to say, "makes an educated physician and surgeon." You have all seen the jelly-fish in the water spread widely out its prolongations or tenacles, and by the current which it causes to rotate in its direction take in the crowds of small organisms which makes a part, if not the majority, of its food supply. leucocyte, apparently, of various species in the blood, possesses ameboid movements in precisely the manner; it engulfs with its prolongations whole groups of bacteria at once, and, I think, destroys them, thus proving, if we regard this fact as proved, which some men do not, but which I do, its possession of phagocytic or batericidal properties. This colorless corpuscle is relatively scarce in the blood. It is a neucleated body, much larger than the colored blood corpuscle. I have noticed that when I have withdrawn blood from the body that the proportion of leucocytes is very much diminished. Indeed, never once have I been able to discover the same numerical proportion of leucocytes in the withdrawn blood as could be seen in the living, moving blood current under the microscope. disappear; how, I do not know; but I think their molecular death and entire disappearance in the way I have mentioned brings us to the verge of another great discovery; for do we not know that death ensues in a few moments after air gets an accidental entrance to a veiu? We certainly do. This fact is not only indisputable, but, unhappily, not infrequent. A child died in the hands of its father, a good physician, who was employing serumtherapy as a prophylactic against diphtheria a few weeks ago. What killed it? The serum, prepared for use in diphtheria, by a good firm?

Probably not. It was doubtless the entrance of air into a vein, which was accidentally struck while jecting serum, an accident that has happened a good many more times, I fancy, than will ever be published, and I presume if the truth was known, many cases of sudden death occur in morphine habituates who accidentally strike a vein while taking their accustomed dose, and die of syncope in a few moments. such cases do the leucocytes disappear from the blood entirely and does this destruction cause death, and if so, how? What relation does it bear to the vital force we call life? That instantaneous and great changes occur in the blood through very slight causes we know. More is, as yet, unknown; except that we know how death from electricity occurs, or rather, we know how the blood appears after such death. We also know that we can find present in the blood the micro-organisms which we call "plasmodia," which are present in malarial disease, and by the chemical we use now we can study the blood very carefully and thoroughly in sickness. There are too many classifications now of the corpuscular elements. When we know more we shall become more simple in classifying. An involved terminology and knowledge are not synonymous terms. The plasmic fluid carries with it all those filiogenic and osteogenic elements necessary for nutritive renovation of cells, and various anatomic elements have hemotoxic properties, i. e., can select and absorb those elements from the blood current that they need for repair! Now, if we accord to the leucocyte phagacytic properties, i. e., the power of destroying bacteria, and if we can prevent lessening of the corpuscular elements of the blood by preventing degeneration, we shall thereby prevent the human body from invasion by the micro-organism of consumption or the possibility of their multiplying after they do obtain entrance by antagonizing the morbid state of the system which permits those diseases by the multiplication of the micro-organisms which are

causing disease and by preventing the death of the corpuscular elements of the blood and by the development of the accessory plasmic current or circulation, which carry the epithelial formations to neighboring parts, which is how cancer is deposited in the axillary glands. How can we do this? I answer by the careful, judicious use of electricity, using the static, the galvanic or the faradic or the individual current of electricity. There is no such combined restorative, refreshant and invigorator to the functions of the structures of the body as we can find in the judicious use of electric-The mere possession and use of an apparatus is no guarantee of the cure, or even the relief, of a patient. More than this is needed. An accurate knowledge of the anatomy and biology of man, and of microscopy and of electro-therapeutics, is required. If we can increase phagacytic work on the part of the leucocytes and enrich all the corpuscular elements of the blood, which I think I do by my discovery of the "Glycero Acid Phosphate," a definite chemical compound of unvarying strength, much better than the animal extracts, which are liable to decomposition and the formation of poisonous ptomaines, and with a chemical formula of C44 H90 NPO9 it must give an extract equivalent of vital force, as it makes repair exceed waste in the system, and a condition of the highest resistance to disease of all kinds is brought about, which is inimical to tubercular phthisis, while electricity causes an oxidation of tissue and a destruction of the bacilli of tubercular phthisis. There is always a state of nervous asthenia in consumption and it precedes it. We can stop this with certainty by electricity and with the use of the Glycero Acid Phosphate, which has a scientific and published formula, and a recognition and a success awarded to it in the Journal of the American Medical Association that many preparations never If we can interrupt the processes which cause disease we have done much, and if we can antagonize those that step in and keep

up decay and waste by an opposite process of repair, we have done still more, and time will pronounce the verdict of success or failure, but in any event, careful study and thorough investigation should give a good method of work, at least. As a fact, however, the progressive loss of flesh, the night sweats, the loss of appetite, disap-

pear in commencing consumption, and energy and force return, but the treatment is too new and important to form hasty conclusion. Examination of blood from suspected cases of consumption will be made for any reputable physician and the results furnished them, and new light may be elucidated.

No. 2184 Fifth avenue.



VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST

AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-

IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from September 2'th.)

ON NERVE AND PSYCHICAL IN-FLUENCE ON THE MOVEMENT OF THE BLOOD CURRENT, AND ITS EFFECTS IN THE ARREST OF HEMORRHAGE.

In the older works on military surgery we will find passages dwelling at length on that class of mortal cases on every battlefield wherein, although the soldier is found stiff and stark dead not a trace of wound can be found on his person. Schunecker, the surgeon general of the Great Frederick, believed that they were killed by the concussive effects of a musket ball, the missile passing close to the brain. Many other theories have been invoked to explain these mysterious cases.

Baron Larrey, Napoleon's renowned surgical head of his legions, gave this subject a close study, and in his extensive memoirs we may read to day with great advantage the views of this warrior surgeon on this subject.

The great controversy has been whether or not those found on the field have not come to their death through sheer fright, through psychical shock inhibiting cardiac action

Larrey, while dealing with the prevalent theories of his time and allowing due consideration to them all,

himself was inclined to believe that in these cases death came through paralysis of the reflexes.

He tells us that at the battle of Friedland, when the Austrian army was drawn into an exposed position and the slaughter for a time was terrible, the number of dead among the enemy without any description of wound was very large.

In the French army he found that deaths of this description were mostly among the young conscripts and those in the advance of an attacking column.

Indeed, there can be no question but the number of deaths from terror or mental shock in a bloody battle must be very large.

Lord Nelson always ordered an extra allowance of rum to his sailors before he gave the enemy battle.

In fact it is a common, one might almost say instinctive habit to "brace up" with a drink of alcoholics before entering on an enterprise attended with great risk to life.

Last winter I had a singular experience in this direction with animals secured for me to carry out experiments on the organs.

After considerable trouble a dozen mice were secured for me, but be-

fore I could prepare one in manacles for the ether he was dead. was so generally repeated by these timid, tiny creatures that I had to abandon all hope of doing anything with them.

All humanity instinctively dreads danger. Some face it with less perturbation than others, though

fear it.

In surgical operations, in those attended with great pain, although the adult male may not be wanting in fortitude his endurance is not great and he collapses under pain much more quickly than the more delicately organized woman.

Fright, then, is a most potential agent in depressing the heart action, and in some instances arresting the flow of blood altogether in the peripheral vessels. An inexperienced operator will cut and continue to cut in vain in his fruitless efforts to blood in phlebotomy. He incises over the course of the median-cephalic or basilic vein and repeatedly divides it, but not a drop of blood flows. As a matter of fact the vessel is collapsed and empty. The very thought of losing blood, the anticipated sight of it and the necessary pain in opening the vessel have all tended to unnerve the sensitive patient. This phase of mental perturbation, fright or mental shock is one of nature's great prophylactics in hemorrhage from injury.

An arm or leg is crushed off or badly mangled, large vessels opened and the immediate discharge of blood perhaps abundant. Our patient may have suffered pain or not in such an accident, though several cases in which have seen a limb crushed a railroad or other accident, the patient was conscious no pain at all. If this be present, however, in a marked degree, its effects in the circulation will be most marked, for pain is a most positive cardiac depressant. Added to this we will have the element of fright, the instantaneous contact, the dread anticipation of the consequences, along with the harrowing sight of

the mangled limb.

When a person has his full consciousness, it has been my experience, that death from hemorrhage after the mangling of a limb is un-But it is somewhat different in young children, who bear shock or loss of blood badly, or with the intoxicated, who are rendered anesthetic and unconscious by a saturation of alcoholis. Thev realize their not grave situation. The alcoholis has stimulated the circulation to over action. Among those suffering from grave injuries in our large cities a considerable proportion are inebriates, injured through rashness or carelessness. It is not uncommon for these unfortunates to have suffered a mortal loss of hemorrhage before efficient succor arrives. Many times I have seen them sink in the ambulance before they reached the hospital, or never rally after en-

The influence of pain and great fear on the circulation in arresting the blood current, in collapsing the larger peripheral vessels and entirely closing the capillaries, as a surgical aid to hemostasis, can be availed of only in the conscious state.

Under an anesthetic it is entirely

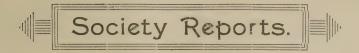
absent.

In dealing with hemorrhage under the circumstances enumerated, we should employ unusual circumspection, with a view of guarding against danger from a secondary leak. Shock passes off, the natural warmth returns and the arterial impulse becomes augmented in volume and regular in motion. Reaction is set-

ting in.

Supposing we have before us a grave case of compound shattered fracture with an extensive laceration of the blood vessels, what should be our line of conduct on the question of hemostasis? Well, in a limb nothing is easier than to effectively subdue hemorrhage, but the great problem before us, next to preserving life, is to save the mangled member, and this, of course, will be impossible unless the vascular continuity be maintained. We will do well therefore, under this contingency to be content with a thorough cleansing of the wound, closure of the larger bleeding vessels and moderate pressure, with such adjuvants as will tend to aid in the revival of the nutritive forces. Vigilance will be now imperative in order to detect the first evidence of secondary hemorrhage. If the loss be moderate in a robust patient it may be allowed to continue for a short time, when it will in most cases cease of itself. But in the exsanguinated or the hemophilic the dressings must be entirely removed, the bleeding points sought for and all securely ligatured.





CINCINNATI OBSTETRICAL SOCIETY, APRIL 17, 1896.

Presentation of Specimen—Dr. Porter.

Mr. President: I will make this report as brief as possible. first specimen is a uterus that I removed per vaginam at Christ Hospital two weeks ago yesterday. The patient is 46 years of age and has nine children, the youngest 4 years of age. She has been in good health until three months ago. About that time she was taken with a rather profuse uterine hemorrhage, occurabout the middle the intermenstrual period. Dr. Edmund Shields, the family physician, called to see her after treating her me medicinally one or two days asked me to see her in consultation. She was bleeding so profusely on that evening that we thought best to pack the vagina. The next morning we administered ether, curetted the uterus and removed a ragged, rather hard piece of tissue, as large as a filbert. The specimen shows the point from which that piece of tissue was removed, on the posterior wall and a little to the right side. It would have been easy to have perforated the wall of the uterus at this point. The specimen has been examined by Mr. Berry and unmistakable evidence of cancer found in every section. I have a number of slides prepared and would be glad to have the members of the society look at them after we adjourn. The patient was advised to have the uterus removed, and after considering it for eight or ten weeks decided to have it done. The operation was done two weeks ago and I think I could safely let her get up at this

time, but will probably keep her in bed a week longer or more.

Dr. Ricketts: Did you use clamps or ligatures?
Dr. Porter: Ligatures were used.

This is a case of extrauterine

pregnancy. The patient, aged 34 years, has had four children, the youngest being about 8 years of age. Three years ago she had a miscarriage at about the eigth month, and the fetus had probably been dead a week or more. She menstruated last the 6th of February. In March she did not menstruate. She suspected she was pregnant, but had no bad symptoms until the 21st of March. At that time she was taken with a sudden and severe pain in the abdomen and was confined to bed for several hours. About the time she began to think of sending for a physician the pain subsided and she did not send. Two days later she had another attack of pain, but not so severe. She then went five days, to the 28th of March, when she had another severe attack in the night, which lasted several hours. On the 30th she had a still more severe attack and I was sent for. I saw her late in the evening. There was a profound shock. She complained of severe pain, the extremeties were cold, the face was cold, the pulse was very fast and thready and I felt sure she would not live long. I gave her a hypodermic injection of morphine and by

morning she had rallied and was

fairly comfortable. She was taken next day to the Good Samaritan

Hospital. Two days after going to

the hospital she passed some little The diagnosis decidual masses. from the history alone was unavoidable. For years she had not missed a menstrual period until the one in March; the attacks of pain and the shock were characteristic, and finally the expulsion of decidual masses was almost unnecessary confirmation. The physical examination did not reveal much except the uterus seemed rather fixed and there was a great deal of tenderness on the right side. The operation was done on the 4th of April.

When the abdominal cavity was opened it was found filled with blood, mostly of a chocolate color, rather thicker than normal. All through the abdominal cavity there were black clots, showing there had been an early hemorrhage and one later. Rupture of right tube had occurred and it was adherent to the

omentum.

The patient did very well for 24 hours. After that period she began to develop a rapid pulse and the temperature went up. The temperature, which had been 101 degrees for 24 hours after the operation, went up to 102 1-2 degrees about 30 hours after the operation, and the pulse became very rapid; at one time it was 156. She had lost control of the sphincters and there were involuntary discharges from the rectum and bladder. As she had been purged pretty freely and as there was no tympanitis, one-fourth of a grain of morphine was given hypo-By the next morning dermically. these symptoms had cleared up and her pulse come down to 120, and she has since progressed without trouble and is making a good recovery.

Presentation of Specimen, Dermoid Cyst.

Dr. Bonnifield: On examination per vaginam I found the uterus to the left side of the pelvis and high up, which made me think the growth was interligamentous. The fluctuation was so distinct and the tumor so uniform I believed I had a plain ovarian cyst. Upon opening the abdomen 1 found a cyst that presented nothing abnormal in the line of incision, and evacuated a fluid of a dark, coffe-ground color. I then found the growth was interligamentous and I had much trouble in dissecting the broad ligament from it. On examination of the tumor I found numerous masses of sebaceous matter which looked like the case Munde has reported. There are several pieces of bone and some eight or ten teeth, some of them incisors and some bicuspids. Also, in the lower part of the cyst there was a fresh blood clot and an organized blood clot, showing that bleeding had evidently taken place comparatively recently. So the tumor is a mixed one, dermoid in part and an ovarian cyst in part.

There was an unusual amount of stitching to be done, and at the best we could do there was a large amount of raw surface on the posterior part of the uterus. A drainage tube was left in 12 hours, but there was only a little drainage, about a dram every hour. She has had no trouble, and is getting along

very nicely indeed.





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THE NEW YORK CITY HOSPITALS AGAIN AND THE COMMISSIONERS OF PUBLIC CHARITIES.

We copy the following from our vigorous exchange, the Medical Record, September 19, 1896, on

above subject:

"With the return to town of physicians and the advent of autumn the vexed question which during the past winter has troubled the medical profession, with regard to the appointment of physicians to the various medical positions in the gift of the commissioners, will come up again for consideration, for the matter is by no means settled to the satisfaction of the medical profession of this city, until its rights are fully recognized by the Commission-

ers and the medical colleges. The question underlying the subject is not with regard to the re-appointments of the men who lost their positions, for it is fully recognized that the commissioners had the undoubted right to declare their positions vacant if they saw fit, but that the right of nomination, and it may be said of reappointment, should rest with the medical colleges to the debarment of the general profession unless the candidates have the stamp of the medical colleges, is a matter of such gross injustice that until this wrong is righted no rest will come to either the commissioners,

the colleges or the medical profession."

The above is precisely the attitude the "Medical Times and Register" has taken on this whole rascally transaction.

Peace! There will be no peace or no truce until the plunderers have disgorged their ill-gotten goods, nor until the abettors and conspirators in this unholy transaction have purged themselves before a jury of their medical peers, or are thrown neck and heels out of the profession.

We are well aware that the above is strong language, but the eradi-

cation of corrupt practices requires drastic remedies, and a stop for all time must now be made of the plundering tendencies now rampant in New York medical colleges.

But we will bide our time and await events, the returns from the medical societies of New York, when the final struggle comes between the profession at large and the medical colleges at the annual elections. We have our eyes, too, on the New York State Medical Association and the County Medical Association, before which important medical bodies this question comes up for adjustment at an early date.

THE THERAPEUTIC TEST IN JOINT AFFECTIONS.

In a late exchange we have read with much profit an editorial on "Salicylic Frictions in Rheumatism" (Gazette Hebdomidaire, September 17, 1896). The writer sets forth with great clearness and commendable brevity the value of the salicylic salts in arthritis and muscular rheumatism, showing how under a multiplicity of circumstances this drug may be used with great advantage locally, where there is need for urgency in cardiac complications and it is important to quickly charge the circulation with this potent agent, and when there are tions present enjoining its interdiction by the stomach, when it may be applied in linaments or ointments, or either alcohol or oil, which is a great solvent of it.

But what we would call attention to in this connection and urge its importance with all the emphasis we can command is the great value of the salicylates, locally and persistently applied, as a "therapeutic test" in the early stages of arthritic affections of infants and young children.

In these days of bacterial mania the mind of the young practitioner is carried away with "infection." A mother or nurse notices that the child has rather suddenly begun to limp, cries in his sleep and shows signs of disturbance of the general health. Now, the chances are 19 out of 20 that the case will be set down as "tubercular infection" or incipient hip joint disease, his limb hurried into a cage, a brace and the joints all locked, a pretty certain means of arresting growth in the limb and producing shortening.

The same may occur at the shoulder. Now, it should be borne in mind that rheumatism pursues an aberrant course in growing children, that arthritic changes may advance

without marked febrile changes, that the mon-articular type is common, and it should also not be forgotten that in those of a marked diathesis, a trifling sprain or contusion over a joint may light up a rheumatic inflammation.

It is needless to add that in very many of these cases, in order to reach diagnosis we must investigate into family history, look for febrile changes, etc., but the clinching test is the therapeutic. Give the joint rest in a comfortable bed, and persistently apply the salicylates, until all possibility of doubt is eliminated.

One need not always concede that the rhumatoid element is absent because occasional relapse occurs, or convalescense is tedious, for sometimes rheumatism pursues a subacute course in the child, as well as the adult.





FARADISM IN OBSTETRICS.

BY R. J. NUNN, M. D., SAVAN-NAH, GA.

To the obstetrician electricity is useful chiefly in the form commonly known as the Faradic current, and this he uses ordinarily with a view to hastening processes, delays in which involve danger to the patient. Such, for example, is the case in the electrical treatment of that form of post partum hemorrhage which may well be distinguished as atonic, being the hemorrhage of inertia, as opposed to that resulting from a physical lesion. This atonic postpartum hemorrhage is easily recognized by the flaccid, uncontracted uterus by which it is accompanied.

In properly selected cases the effect of the application of the current is magical, and the control of the bleeding is rapid, complete and absolute.

My first experiment in the use of electricity in cases of this kind was in 1855, when I applied it to a patient under the care of Dr. J. B. Read, of this city, a Mrs. William C——r. Its application was in consequence of a previous discussion of the subject between the doctor and myself, resulting in an agreement to test the efficacy of the current in the first suitable case which presented itself. This happened to fall to Dr. Read, who still lives to verify these details and dates.

Ever since that time the current

has been employed more or less generally in such cases by the physicians of this city.

The one cause which has retarded its more general adoption is the cumbersomeness of the apparatus heretofore presented to the profession and the other inconveniences attendant on their use, but with the appearance of the portable and efficient batteries now upon the market there is no reason why a suitable battery should not form a portion of the armamentarium of every obstetrician.

There is but little doubt that the use of the current has met with disfavor at the hands of some practitioners who have had failures to report in cases in which they had employed it. So can anyone report failures who uses the current promiscuously, as it will not control the hemorrhage consequent upon a laceration, nor could it be expected to do so, and it is its application to these cases; it is a want of proper selection of the cases; it is a certain amount of carelessness on the part of the practitioner which has led to reports adverse to the efficacy of the faradic current in post-partum hemorrhage.

An extension of application of the principles upon which the electrical control of post-partum hemorrhage is founded to the treatment of involution seemed to be legitimate and to offer a fair prospect of benefitting the parous woman by reducing to a minimum the number of the days of her lying up, and lessening, if not altogether suppressing the diseases consequent upon such involution and the persistence of a relaxed condition of the pelvic tissues.

The very tardy getting up of women after confinement is certainly the result of the artificial lives they lead and their many violations of the laws of nature in order that they may obey those higher laws of conventionalism which we are pleased call civilization. These sins against natural conditions often manifest themselves during pregnancy by the thousand and one ailments which are now so common that their absence is regarded as extraordinary; and the result of the conditions is the establishment of that tissue softening which Graily Hewitt so well describes as a condition precedent to many uterine diseases. The result of this tissue softening is a want of tone, a lack of spring, an inability to recover from a disturbance. Either the nerve power is wanting or the muscles will not respond, or perhaps each cause contributes its share towards a result which is always unpleasant, often disastrous.

In cases having such characteristics the faradic current will prove of the greatest service, and by its judicious use and the simultaneous employment of careful asepsis and the proper supports, it is possible in suitable cases to avoid entirely the days of lying up usual after confine-

ment.

It has not been my good fortune to have had an opportunity to bring these views to the crucial test of practice in more than one case, but in that one, a multipara, the result was highly satisfactory, the patient remaining in bed but 24 hours after confinement, and experiencing no suffering other than the inconvenience of a dressing renewed twice daily for a few weeks and then gradually discontinued, but in this case

not only was there no suffering, as has just been said, but the treatment proved to be most beneficial, as it resulted in a cure of a prolapsus which the patient had inherited from a previous confinement.

DISCUSSION.

Dr. Morse: I have had some experience in using the faradic current in ordinary cases of tedious labor, and nearly always, find it works as an aid in saving time and also in inducing powerful contractions of the uterus. The patients say that they can bear the pain better. It facilitates the labor all around. What I rise to speak of more particularly is a case of subinvolution I had five or six days after confinement. The uterus was large, soft and bleeding. I tried various remedies without any result at all. I applied the galvanic current, 100 milliamperes, with the positive pole in the uterus. The hemorrhage stopped almost immediately. I then used the faradic current, one pole in the uterus and the other over the sacrum, and then over the fundus at times, and the result was very marked. In that particular instance it shows what we can do with the faradic current. For the last three or four years I have always carried a small battery with me to save time and to save sleep. The patients I have used it with to whom I have gone a second time have always asked for it, saying that it gave them much relief.

Dr. Lapthorn Smith: I know a good many physicians who carry a small faradic apparatus in their obstetric bag; and men have told me they believed they had saved more than one life by having it along, particularly in cases of post-partum hemorrhage. I believe it is a means of arresting post-partum hemorrhage, and it is also a means of helping uterine contractions when they are not sufficiently powerful. Of course there are other means, quinine and ergot, but the application of the faradic current to the abdominal wall is very safe and simple and very speedy in increasing uterine contractions. No doubt it will

do so.

On motion of Mr. Dickson the privileges of the floor were extended to Dr. Dame, of Toronto, who said: In respect to the use of the faradic current in post-partum hemorrhage, I have used it in menorrhagia from atonicity. In many cases where you have excessive menses this treatment gives very satisfactory results. Subinvolution from any cause will readily yield to its use. I have found it very useful.

Dr. Morse: I have a patient I have attended in three different confinements. In two cases I have used the faradic current. She did not have any after pains at all. I have in mind several cases where I have used it previous to birth to produce more forcible contractions, and I did not have to use the usual remedies for after pains that I had used before. It might not have had anything to do with it, but she has recovered without them.

Dr. Smith: I can quite understand that and I am glad that the doctor mentioned it. The after pains are supposed to be due to the presence of a clot in the uterus. Now we do not get a clot in the uterus when the contractions are good. when the contractions are not good that the hemorrhage takes place in the uterus; this excites the after pains, which expel the clot. I can understand that when you use faradism that you will get such good contractions right after labor that there will be no hemorrhage and no clot to be expelled.

A MONTH OF ELECTRO-THERA-

PEUTIC INSTRUCTION.

The editor of this department is gratified to note the many expressions of encouragement and good will conveyed to him by physicians who are interested in medical elec-

tricity.

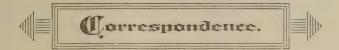
The success of the Brooklyn Post Graduate School of Electro-Therapeutics is now assured beyond all uncertainty. The professional courtesy of local physicians was counted on from the start for the clinical work of the school is rigidly maintained within strictly ethical lines, but more personal and kindly co-operation has been received than was expected. Clinical material is referred to the school with a gratifying regard to the proper indications for electrical treatment, and more than one physician has personally brought in an interesting and deserving case. The school has at this date been open one month. The in-

struction given on regular clinic days (three times a week) has covered a wide range of operative technique, and applications for particulars and terms have come from an unexpected number of physiciansas even as far away California Australia. Cases and treated to-day numbered distributed between galvanic, faraand static administrations. With effective support it is possible for the very modest beginning made on September 7 to develop into a classified institution in which every specialty in both medical and surgical therapeutics could demonstrate the ways in which it was aided by forms of electric currents.

A certificate of study will be granted to all who complete the course of instruction satisfactorily.

—S. H. MONELL.

October 9, 1896.



WAYSIDE NOTES.

BY ERNEST B. SANGREE, M. D., NASHVILLE, TENN.

The vagaries and peculiarities of the world's great men have always interested me. It must be acknowledged that to find small imperfections in the character of these extraordinary men gives a certain amount of satisfaction to a mere ordinary like myself. One of the best diagnosticians ever known is Professor Neusser, of Vienna. He is a perfect marvel of medical learning. A former assistant of his told me that several years since Neusser held a clinic every day for three months on icterus cases, talking from one to two hours each day on the subject and never repeating himself.

The ordinary text in medical works, you know, is in comparatively large type, and illustrations, side lights and various matters pertaining to the subject are often placed in smaller type, sometimes half a page or more at a time. They say of Neusser over there that whilst other men lecture in the large type, he gives both the large and the small. He is, however, one of the most diffident looking and acting men I have ever seen. I do not know the color of his eyes, though

on several different occasions he stood in front of me lecturing for two hours at a time. He is a neurasthenic of the most pronounced type; his eyes cast down, his voice very low, monotonous and slightly hesitating; his hands constantly moving, now on the patient, the bed, his watch chain, collar, face, and not a quarter of a minute in any one place. He has no office, I am told, though he has some sort of a little cubby-hole under the amphitheatre. separated by a cheap, thin curtain from the operating room, where an occasional patient manages to interview him. He will not begrudge hours spent on a hospital patient, but it is a difficult undertaking for anyone else to get advice from him. I was told that shortly before I arrived in Vienna this summer, a wealthy American gentleman had vainly spent three days in pursuing Neusser about the city, in order to consult him, but finally gave up in A tale is also told of a despair. fabulously wealthy Russian prince, who telegraphed for an urgent interview, and received an appointment for a date three weeks later.



URINE IN EPILEPSY.

Obreja finds that the evening preceding an attack of epilepsy the toxicity of the urine is greatly diminished; but immediately after the attack it increases markedly, to diminish progressively afterwards. In the case of a criminal simulating epilepsy he was able to detect the fraud by examination of the normal constituents of the urine. He also states that the approach of a period of excitement in melancholia or periodic insanity may be prognosticated by a diminution of the urinary toxicity.—Universal Medical Journal.

INTUSSUSCEPTION.

On the several occasions on which I have been able to feel the bowel per rectum in intussusception the invaginated portion has imparted the sensation of the os uteri advanced in pregnancy. Although this is, when felt, diagnostic of intussusception, it has never yet proved of value to me in differentiating between tubercular peritonitis and that disorder; nevertheless it must not be forgotten that tubercular peritonitis, when it attacks the omentum, which it not infrequently does, often forms a sausage-like tumor, passing transversely across the abdomen, above the level of the umbilicus; and just such a tumor may be found in intussesception, when the small bowel invaginates the large.

Further, the sausage-like tumor of intussusception may prove as like as possible to that found in tubercular peritonitis, and in certain instances there may be an absence of peristaltic contraction in it; bloodstained mucus or blood in quantity may not appear; indeed, rarely this passage of blood may occur in tuberperitonitis and the feces cular passed formed. be may complete the picture and make the similarity more strikthere may be an absence striking, symptoms of obstruction—a relaxed abdomen and a facial expression by no means indicative of so serious a lesion.

In such a case as this, if the bowel was sufficiently low to admit of digital inspection, the discovery of such a condition as I have related as occurring in intussusception would prove of invaluable assistance in forming a diagnosis.

-Pediatrics-By Dr. George Carpenter, London.

ABSORBING POWER OF THE BLADDER.

Physiology has hitherto taught that the bladder is one of the organs which are covered with epithelium and which possesses no absorbing power. The author states that clinical observation led him to suppose that the healthy bladder must certainly possess some absorptive power. His experiments consisted in the injection of certain chemical and microbic poisons within bladder by means of a catheter. Only a slight amount must be injected, so as to avoid the effects of pressure and not cause the animal to urinate at once. Cocaine, strychnine and medical hydrocyanic acid killed the animals within a few minutes. Water appears to be absorbed to some extent by the bladder, but no absolute proof of this can vet be given. The absorption of chemical poisons by the bladder may throw some light upon urinary pathology and give an explanation of the fact that, from the evolutionary standpoint, renal retentions allow of longer preservation of life and health than retention within the bladder.

Pneumococci, septic vibrios and the pyretogenic substance of Charrin, when injected in the bladder. all caused death in the majority of instances, after variable lapses of time. Death occurred in five out of six rabbits after pneumococcus injections, and pleural and peritoneal exudations were found to have taken place, while there were no renal lesions.

MEDICATION BY THE RECTUM. BY J. J. WOODWARD, M. D.

The history of enemata goes back at least to the times of the ancient Egyptians, who, as Herodotus testifies, had a custom of using emetics and clysters three days in every month for the purpose of preserving their health. The Greek physicians made great use of clysters in the treatment fluxes, particularly in dysentery and celiac flux, preferring this method to medication by the mouth whenever they supposed the morbid process to be seated chiefly in the large intestine. Sometimes they injected whey, milk, ptisan, broth of spelt and the like, intending thus to wash out acrid humors from the bowel

and favor the efforts of nature to evacuate them; sometimes they aimed to sheath the intestinal mucus membrane and protect it against acrid humors descending from above by injecting oleaginous and gummy substances; or they endeavored to check the flux by injecting astringent decoctions of various kinds and to allay pain by clysters containing opium, hyoscyamus and other narcotics; finally, in ulcerative dysentery, and in the celiac flux, they essayed to stimulate the intestinal ulcers to cicatrisation by enemata containing various styptic and escharotic mineral substances, such as alum, the scales and oxide of copper, quicklime and the native sulphurets of arsenic. These more potent substances appear to have been avoided by Celsus; but the Arabians adhered in this respect to the Greek practice, which survived the middle ages and which still found defenders as late as the sixteenth century.

RECTAL ULCERATION IN FE-MALES.

One of the causes of pelvic pain in the female—frequently overlooked is rectal ulceration, at least, according to Dr. Wellington C. Burke, of Los Angeles, Cal., who has an article upon the subject in the Southern California Practitioner of July, 1896. The treatment consists in dilation of the sphincter in most instances. In early cases the diet which will leave the smallest residue will frequently be all that is necessary. Washing the rectal pouch with boric acid solution, applications of nitric acid or acid nitrate of mercury to ulcer, followed by packing and an opium and iodoform suppository are procedures worthy of a trial. Curettage, followed by application of balsam of Peru and iodoform gauze packing, has given good results. Specific cases will require internal medication as well. From a large clinical experience in gynecology for many years, I am sure that a careful examination of the rectum will in many instances reveal the cause of pelvic pains.

CANINE RABIES IN INDIA.

BY SURGEON CAPT. VAUGHAN, I. M. S., DEPUTY SANITARY COMMISSIONER OF WESTERN BENGAL.

One of my earliest experiences of rabies was as a child, when one of my near relations was bitten on the face by one of our house dogs which was obviously rabid. case was treated by my father in a manner afterwards to be referred to, and with a "successful result." My next experience was that of a big, powerful man who died while under my treatment. All doubt in this case as to the diagnosis was set at rest by the history, and also by the results of experimental inoculations with portions of the medulla from the case. I was so impressed by this case that I have ever since made a point of carefully observing and noting all that has come in my way in the shape of canine rabies.

In every case the first thing which aroused my suspicions was an excess of freshness, a greater than usual display of affection for their master, and, if anything, a somewhat increased display of vigor and vitality in all they did, albeit combined perhaps with a slight nervous excitability in their manner; but there was no irritability or With snapping at other dogs. this there was, perhaps, a tendency to bark too much for no ostensible reason, or to bark now and again in isolated barks for nothing.

The excitability has shown a steady tendency to increase, and within 24 hours, or a little more, the look of increased "being-aliveto-all-about-him" in the dog's eve has become dulled, and replaced by a kind of half-drugged, "far-away" looking expression in the eyes and face, which is strangely out of keeping with the still somewhat restless and slightly excitable manner. At this stage, in my cases, the food has been eaten with an increased greed and haste; and though there has not been any tendency to attack other dogs so far, I have in two cases noted the dog to have developed a peculiar antipathy to the fowls and ducks about. There is still the

curious isolated, purposeless, occasional bark, and there is about this time a distinct change to my ear in the timbre of the full bark, which is distinctly hoarser in the loss of the higher overtones, and reminds one of nothing so much as of the brassy voice in the cough in advanced aortic aneurism in man. In short, this voice condition is the first symptom of the weakening of the muscular innervation of the pharyngo-laryngeal region which is so distinctive of hydrophobia. At this time also may be noticed a frequent movement of the tongue, the dog "licking up the saliva in his mouth," as a friend once put it to me. Gradually the excited manner quiets down, and the whole deportment becomes more in keeping with the drugged look in the face and eyes, but the old excitement still occasionally breaks out, and the eyes flash up with a dull light in them.

So far we have reached the end of the second or third day. Now there is a period in which all excitement seems almost entirely to subside, but there are tremors in the limbs, subsultus tendinum in all four legs, and perhaps a quivering of the lower jaw, with a troubled, restless, snatchy sleep or doze, from which the dog awakes more restless than ever. He is now "quite mad," the old excitability has more than returned, the dead dull look is still in his eyes, which, when his attention is directed to anything, flash up wide open with dilated pupils, but the dull expression is not quite lost and the contrast between expression and action, the now staring coat and "tucked up" appearance, and the slight stagger of the hind quarters which has now also developed, all together make up a picture it is hard to mistake. The brassy, toneless bark has lost its higher overtones, and is constantly repeated in many cases, especially if the dog be tied up. The dog now refuses solid food though he may still take rice or soup. The temperature is raised, the urine high-colored and the feces almost black. Though still docile, and glad to receive his mas-

ters or visitors, perhaps with wagging tail and exalted demonstrations of affection, and if so, piteously out of keeping with his facial expression, it is now that he becomes uncertain. His jaws, perhaps, snap together on the coat sleeve he is licking in his excited affection, and he bites without meaning to. If he attacks an unwary dog venturing near, it is with the same exuberance of action and mad display of whatever feeling is for the time uppermost,

affection or animosity.

From this time on he seems gradually to lose his self-control, and so gradually becomes more and more dangerous. Even at their very worst my cases have never altogether lost control of themselves, and I have gone, carefully gloved, up to my worst cases, and patted them and led them, and even when they have been secured with double chains and collars they have still known me and been quiet; but they have snapped their jaws on me, unintentional. ly, as shown by their manner, and have shown that the mental change —if one may use such a term for a dog-is essentially one of excitement with loss of control. The paralysis of the hind quarters and pharyngo-laryngeal region increases, and the period of excitement passes more or less quickly into one of deepening stupor, from which there are often sudden convulsive awakenings; the intervals between these grow longer, and finally death closes the pitiful scene.

I have watched the whole course of the disease carefully to the very end in one case of my own, and also in another case. In my other three I shot the dogs when they became unmanageable by the servants. I always tied them up when the dull look came into the eye, though I had watched them very closely before

then.

It is clear that the disease I have sketched is the form known as "furious rabies." Dumb rabies begins much in the same way, in my experience. The restless sleep seems to me the turning point, and the dog wakes up paralysed and with dumb rabies, or with the "furious" form.

To my mind a very dangerous period is while the dog is in the preliminary stage of excitement, just before his expression changes, for the nature of the case is then so hard to recognize. But that it can be recognized is shown by my four cases, which occurred in November and in December, 1892, in September, 1894, and in September, 1895,

respectively.

The last case was that of the kangaroo hound. There were six of us at dinner after a day's shooting, when the dog suddenly came into the room, quietly enough, and one of the company called him to him. I then noticed the curious exuberance of the dog's manner while being petted, and immediately stopped his familiarity and had him taken home and tied up. I did not then express my fears to our host, but my diagnosis proved fearfully correct. My servants would not believe it, but next day, when the brassy purpose-less bark rang out, one of my men exclaimed, "Sahib, 'Knight' is barking like 'Donovan' who went mad so suddenly; is he going mad, too?" I was evidently not the only one who had noted the peculiar bark of rabies!

I am aware that there are probably many points which I have not touched on, such, for instance, as the eating of straw, chips of wood, apparent and perhaps real insensibility to pain, and to certain stimuli. and hypersensibility to other stimuli, such as the mere whisking of a handkerchief over the face, and so on. I have not touched on "dumb madness" either, but my intention has been rather more to dwell on the preliminary or earlier symptoms. than to attempt anything like a full clinical treatment of the subject.

A point of very great importance which I would next touch on is the question of the immediate treatment of bites from rabid or doubtful animals. With my own dogs out jackal hunting, or in the case of bites received in any way and at any time, my plan has always been to wash the wound freely at once, or as soon as possible, and then to burn it. not with solid nitrate of silver, as is

the usual practice, but with fuming acid nitric fort. or acid hydrochloric fort. Even in the case of bites from rabid dogs this plan has effectually prevented hydrophobia. It was the plan adopted in the case of my relative still living, referred to above as bitten twenty-four years ago by a rabid house dog.

On one occasion a dog, obviously rabid, "ran amuck" straight through my house, biting everybody and every dog that came in his way. The dogs bitten were similarly treated,

and none took hydrophobia.

I don't think the same trust can be placed in nitrate of silver, and for this reason: Let us suppose we are dealing with a deep bite from the long canine fang of a dog. What has happened? The tooth, a blunt instrument, has been driven by main force through the skin into the tissues, and, when so driven in, was coated with the poison-containing saliva, which was forced into the intercellular spaces of the tissue penetrated by the tooth, and although some of it lies in the wound cavity or lines the edges of wound cavity inside, some or most of it has been jam-med into the inter-cellular spaces around that cavity, and lies deeper in in the tissues. The wound cavity in the meantime is filled with, and its sides wetted with, serum containing albumen. The nitrate of silver stick now penetrates into the wound cavity, reaches the saliva and serum lining its sides, kills the lining cells, and coagulates all the albumen within reach. The albumen film thus formed makes, I submit, a protecting film which only protects the deeper-lying saliva and its poison; and in a deep penetrating

bite shoving in a stick of nitrate silver hard is very much like repeating the bite, and serves to drive the deeper-lying saliva only deeper still into the tissues and so to place it farther outside, and hence better protected by the albumen-coagulum film formed in the wound by the nitrate of silver treatment. If no albumen were coagulated in the wound, the caustic would or might reach the farthest off and most deeply-lying saliva. But as nitrate of silver forms an albumen-coagulum, why not use an equally strong caustic which forms no coagulum? Hence the use of the fuming acid, which dissolves all albumen it reaches, and penetrates at once without the use of force into all the surrounding tissue spaces. The same holds good for all kinds of bites, and the penetrating acid kills all it reaches. One or two drops suffice for each bite. and the slough soon separates, and the clean wound then left heals readily. I have treated a great many bites in this way, and when my own dogs have gone mad I have invariably found that they had been bitten while I was away from home for some few days on some inspection duty.

Holding the views I have above indicated, I have always strongly objected to cauterizing any bites with nitrate of silver, and have invariably advocated the use of strong acid. But whatever the immediate treatment is, it must be prompt. Otherwise, though a domestic animal may be kept under observation, for the human subject there is nothing for it than a visit to a Pasteur institute, and the sooner India has one the better.

-Indian Med. Gazette.





THE FADS AND FASHIONS OF SURGERY.

BY S. O. RICHEY, S. O., WASHING-TON.

Annals of Oph. and Otol., April, 1896.

In this paper the routine use of many operations is condemned. Most of these are operations which a few years ago were either unknown or only rarely performed, but which lately "have come into fashion."

Tonsillotomy is necessary in emergency, but should not be a routine practice; it removes redundant tissue, but leaves untouched the disease that will soon reproduce it. The cause of tonsillar hypertrophy is probably constitutional—abnormal digestive and metabolic processes, which will surely not be cured by removal of proliferated tissue. "Applications to the surface of the gland serve no purpose whatever, but by the use of proper agents in the crypts, injected gently passed through the orifices on a cotton holder, the organ will gradually shrink until the age of atrophy." The agents recommended are silver nitrate, to promote constructive metamorphosis; kali permanganate, to excite active oxidation; salicylic acid, to neutralize morbid and irritating deposits.

Excision and cautery of the hypertrophied turbinated bodies occurs more frequently than is justified.

The hypertrophy is often the first stage of an atrophy; the operation must, therefore, accentuate the final condition, and adds a cicatrix which collects the secretions and causes increased and never-ending annoyance. A consideration of the anatomy and physiology of the nose shows that what is required is to reduce the calibre of the arteries in the "upper straight," thereby diminishing the influx of blood, removing their pressure on the sinuses, and thus permitting efflux of blood. This is to be done by applying very gently a 4 per cent. solution of cocaine to the upper meatus, to be followed by a 2 to 10 per cent. solution of silver nitrate. The middle and lower meatus may be left alone, as their function is only drainage, and they soon come right of themselves.

Removal of adenoids is open to similar criticism. Often, if left alone, they do no harm and ultimately come right of themselves. Operation does not remove their cause, but may give rise to immediate severe ear disease and leave the nasopharynx to become, not only far too large after the age of puberty, but covered with hard nodules, which collect secretion and cause constant irritation, or even ulceration.

Excision of the drum membrane with the malleus and incus is justified by a suppurative process whose focus cannot be more simply reached, but for sclerotic catarrh it is to be condemned. It does not help at all to retard the disease; on the other hand, it removes from the delicate structures of the middle ear.

their natural covering and protection. Richey places his reliance "almost entirely upon vapor or iodine, with good though not uniformly satisfactory results." The rest of this paper is devoted to similar criticism of various operations on the eye.

TOXINS AS A ERYSIPELAS TREATMENT FOR MALIG-NANT DISEASE.

Drs. L. A. Stimson, A. G. Gerster and B. F. Curtis at a recent meeting of the New York Surgical Society submitted the following report upon the use of erysipelas toxins in the treatment of malignant disease: "We believe that in the instances of apparent cure or marked improvement the correctness of the diagnosis is open to doubt. We therefore submit: 1. That the danger to the patient from this treatment is great. 2. Moreover, that the alleged successes are so few and doubtful in character that the most that can be fairly alleged for the treatment by toxins is that it may offer a very chance of amelioration. 3. That valuable time has often been lost in operable cases by postponing operation for the sake of giving the method of treatment a trial. 4. Finally, and most important, that if the method is to be resorted to at all it should be confined to the absolutely inoperable ceses."

—University Medical Magazine, Sep-

tember.

CONSERVATIVE SURGERY IN THE TREATMENT OF HEM-ORRHOIDS.

Dr. J. B. Bacon urges conservative surgery in treating hemorrhoids. He claims that a varicosed condition of the hemorrhoidal veins does not call for any different surgical process than for the care of varicose veins in other parts of the body. Any operative procedure that destroys or interrupts the anastomosis of the venus plexus, either of the external, internal or intermediate veins, will as a rule relieve permanently the hemorrhoids. Such an operation, as a thorough divulsion of the sphincters or massage of the varicosities, will cure many cases of hemorrhoids that are of the internal variety.

There are certain principles that have governed surgery in the past and will continue in the future. One of these is to ligate a bleeding vessel. Why should an exception be made in operating for hemorrhoids? The anatomy of the hemorrhoidal veins suggests operative procedure for relieving a varicosed condition of these vessels. A segment of the varicosed system of veins must be removed. One segment on each side of the anus is sufficient; therefore, if the larger tumors are removed, one at least on each side, the varicosed system of veins is broken, and the remaining varicosities are absorbed and disap-

> -The North American Practitioner, June.

APPENDICITIS FROM THE POINT OF VIEW OF THE PHY-SICIAN.

From an etiological, as well as from a pathological point of view, the patient with appendicitis has many chances of his disease terminating fatally. Before pus has formed, before ulceration has perforated the coats of the appendix, and before the appendix has become gangrenous and sloughed, the danger to the patient is a prospective During this stage of the malady the physician must adopt a course of active medical treatment. Morphine should be administered in doses subcutaneously, and should be repeated at short intervals until the pain is entirely relieved. A mustard plaster should be applied until the skin is reddened, and this should be followed by hot flaxseed poultices. A saline cathartic—sulphate of magnesia, in drachm doses, is the best—should be repeated every hour or two, until copious watery movements from the bowels occur. These measures tend to relieve the congestion of the intestinal mucous membrane and to modify the inflammatory action. If the case is one of so-called catarrhal appendicitis, in which there is no foreign body and no abnormal concretion giving rise to the inflammatory process, the inflammation may undergo speedy resolution and the patient quickly becomes convalescent. But on the other hand, resolution may not ensue, and the patient may not get well.

If, however, the trouble is caused by a foreign body or an intestinal concretion, these measures will do little good, except to keep the patient quiet while the doctor is thinking what to do next.

Cases of this kind and cases of catarrhal appendicitis, which have not undergone resolution, may be classed together. They are of great gravity and importance. Unfortunately, during the first stage of the disease it is generally impossible to tell just what the cause of the trouble is.

How long may medical treatment be continued? For not more than 24 hours, and not later than 48 hours from the commencement of the disease, unless distinct evidence of positive and continuous improvement is observed. If it is not observed, call upon a surgeon to operate and call upon one who will operate. In this way alone will you do your duty to your patient.

-Boston Med. and Surg. Jour.

THE SURGICAL THERAPY IN ANGIO CHOLOCYSTITIS, NON-CALCULOUS.

M. Raymond Petit, Gazette Hebdom, September 20, 1896, enters into a consideration of the above subject with some detail.

In our day, he maintains, the surgeon will find no field more vast than that which embraces the liver, its reservoir and ducts; thanks to our knowledge of infective processes

and our improved technique in operations

Infection, he claims, plays a dominant role, with biliary lithiasis a second in importance, as a causative factor. Some authors place calculus formations first, which is correct, if we admit those which are infected.

Traumatisms of the liver now come within the domain of surgery. It is true, as we know from the researches of Messrs. Duchs and Netter, that an escape of a small quantity of bile may result in no harm; on the contrary, when the quantity is large and especially infected the peritoneum tolerates it badly.

Recent observations by both Kehr and Routier go to prove that when symptoms of rupture of the gall-bladder are evident we should at once open the abdomen, clear away the bile and provide for its drainage, externally, until the rent is healed in the gall-bladder.

The surgeon is often called to treat tumors of the liver, and those along the course of the gall passages, although it is commonly when they are malignant, have attained a large size, arise from the pancreas or in the retro-peritoneal tissues. In these cases little more than palliation can be afforded, as a cholocystostomy or cholocystenter-ostomy.

The operations for biliary calculi are many, and now are generally well formulated. Aseptic gall stones in the bladder are inocuous, but when they are infected the case is widely different.

The infecting agents which may contaminate the biliary canal reach them by three sources: First, the arteries; second, the veins; third, the lymphatics, and fourth, by the canals themselves, the last being the most general.

The most common microbe in the biliary passages is the bacterium coli of Escherich, a constant inhabitant of the intestinal canal, though sometimes the typhoid bacillus or that of Koch, the comma-bacillus, the streptococcus, the stophylococcus or the pneumococcus may be

found here. Finally we may sometimes have an absolutely sterile

empyema of the gall-bladder.

The author enters at length on the various types of hepatic infection, with Loquet dividing them into two groups: First, infection of the biliary arbor, which include (a), radical infection; (b), ramuscular infection (angiocholites); (c), truncular infection (cholodocites). Second, infection of the biliary accessories, including (a), biliary infection; (b), pyohemic, biliary; (c), cold abscess of the liver. Many authors of to-day regard cirrhosis of the liver as a result of infection, as does Hanot hepatic hypertrophy.

Sabourin and Le Dentu have both found specific microbes in hypertrophic cirrhosis. Chauffard and others have advanced the hypothesis of cirrhosis resulting from a sec-

ondary infection.

Already such surgeons as Le Dentu, Pierre, Sequard, Quenu, Terrier, Routier and Dolbet have operated for hepatomygaly.

In all therapy a cirrhosis without ictorus, a congestion with hypertro-

phy.

In pericholo-cystitis with pus formation we should proceed as with a case of appendicitis.

INTRACTABLE VOMITING CURED BY PYLOROPLASTY.

Professor Agostino Paci, in Il Policlinico, reports a case of vomiting, which was slowly but surely threatening the life of the patient from inanition. After every other means had been tried in vain, an operation on the pylorus was suggested as a last resort. The condition found was stenosis of the pylorus, with extensive adhesions to surrounding structures, caused by an old perfor-The pylorus was inating ulcer. cised and longitudinal incision made transverse by stitching, thus securing tissue for the re-establishment of the lumen of the pyloric orifice.

The post-operative course of the patient was uneventful. No liquid or food of any kind was allowed for

four days, then nutritive enemata were given. On the fifth day some broth was given. On the seventh day an egg was allowed. The patient has not suffered since from any of the former obstructive symptoms.

-Amer. Jour. of Med. Sciences.

SUSCEPTIBILITY AND IMMUNITY TO SURGICAL INFECTION.

BY JOSEPH RANSOHOFF, M. D., F.R.C.S., CINCINNATI. O.

Experimental research has developed very important data in connection with susceptibility and immunity to many of the acute general infections in which a local lesion may or may not play an important part; but not on so wide a plane upon the infections that are generally known as surgical. With the exception of tetanus and hydrophobia, in both of which the local invasion is trifling in comparison with its general results, no very satisfactory results have been developed from bacteriological examinations and experimental inoculations. To hydrophobia and tetanus animals have been made immune. In these acute infections only, of those which interest the surgeon particularly, is there any analogy, therefore, to the immunity begotten by experiments, or the natural invasion of the germs of disease. That this immunity is in some connected with chemical changes in the blood serum is probably true, and, as is well known, has been made the basis of all modern serum therapy.

The surgical infections are strongly contrasted with those general diseases, a single attack of which begets immunity, in that immunity never results from a single invasion. On the contrary, the very presence of the milder, or even the more virulent, pus-formers, and of the streptococcus of erysipelas, has a distinct tendency to produce their local repullation, until through overgrowth the soil becomes barren, and in this manner the local immunity is established. But this immunity is rela-

idenced by the frequency with which the same surgical infections recur in a given territory. It may be said that the previous existence of a surgical infection, for reasons which are not yet clear, render the individual more susceptible to the infection than one not previously so affected. The breaking up of an anchylosed knee, an osteotomy too soon pertively short; this is sufficiently evformed after the apparent cure of tubercular disease of the joint, a plastic operation made at a date apparently safely removed from a destructive suppurative process, have all been followed by disastrous results consequent on surgical infection.

-Am. Jour. of Surg. and Gynecology.





SUBCUTANEOUS EMPHYSEMA IN LABOR CASE, REPORT BY DR. MACE.

The patient, after being two hours in labor, felt a sudden pain at the level of the left breast. The neck and cheeks soon became swollen, the eyelids could scarcely be opened. The forceps was at once applied, and the child delivered, so as to save the patient from the danger of further efforts. The emphysema disappeared within a fortnight. In Depaul's case the patient died, though the forceps were applied directly the symptoms were detected. Greslou, in discussing Mace's case, stated that he observed subcutaneous emphysema in a primipara of twenty-four, also after two hours' labor. ing violent pain she felt that her right cheek was swelling, and the air penetrated rapidly into the cellular tissue of the face and neck. At the next pain a male fetus, nearly nine pounds in weight, was expelled, Greslou refraining from using the forceps, as the labor was clearly ending of itself. The emphysema vanished within a week. Mace recommended a little opium after deliv-Guenict thinks that the narery. cotic is unnecessary. The patient should be forbidden to draw a deep breath, and must be kept perfectly

quiet until the effusion of air disappears.

CYSTS OF THE OVARY.

It is sometimes possible to detect in the ovaries the small cysts or dropsical graafian follicles, which are not infrequently found post mortem. The uterus, being a freely movable body, is not easily detected in this way, and readily eludes the finger which pushes that organ before it, but by a bimanual examination any marked abnormality could be easily appreciated if the bladder be emptied. In young children the uterus can be rolled between the finger and the symphysis pubis, and its contour made out with ease.

Displacements of the ovaries and tubes into the inguinal and crural openings sometimes occur. The youngest ovariotomy on record is by Chiene (Edin. Med. Jnl., 1884, 1132), of Edinburgh, in a child of three months. A swelling in the inguinal region suddenly occurred, and when various measures had been adopted for its relief the infant was operated upon. The contents of the sac were the ovary and fallopian tube. A rectal examination was not made, but if it had been, a fresh light might have been shed on the case.

-Pediatrics, Sept. '96.



THE HYPNOTIC EFFECT OF PELLOTINE.

Professor F. Jolly reports his clinical tests with pellotine muriate (the new hypnotic introduced by Dr. Heffter, of the Pharmacological Institute, of Leipzig, and manufactured by C. F. Boehringer & Soehne, of Mannheim) in the Therapeutische Monatshefte, June, 1896. He employed pellotine muriate, preferring this salt on account of its ready solubility in water; his experience covers 40 cases at the Charite Hospital, of Berlin. In one-half of these cases the drug was administered during the day, either by mouth or subcutaneously; doses of one-third grain (0.02) caused languor and sleepiness in quiet patients, but usually this effect followed only after three-fifths to nine-tenths grain doses—causing several hours' sleep within one-half to one hour after administration. In some cases the pulse rate was decreased, in others not at all, and only at the beginning of sleep. In painful affections (lancinating pains in tabes, neuritis and ischias) sleep was also induced, but an anesthetic effect was only occasionally noted before and after sleep. In excitable and delirious patients the above-mentioned doses were insufficient; even two-grain (0.12) doses did not produce sleep, but had a calming effect—lasting all day—on the patient.

In 20 cases the drug was administered at night as hypnotic, and three-fourths to one and one-fifth

grain (0.05—0.08) doses were found to equal in effect 15 grains of trional or 22 to 30 grains of chloral. Of side-effects, excepting the inconsiderable slowing of pulse-rate, a few patients exhibited giddiness and a feeling of unrest before sleep ensued; a few also complained of similar feeling upon awakening in the morning. In several cases the hypnotic effect was not produced, but in these other hypnotics had also proved in-effectual. In no instance were serious side-effects noted.

The author then quotes six typical cases from his records, in which four, one and five hours' sleep were induced in three cases; one slept through the night for three consecutive nights; one slept peacefully through the night, while otherwise her rest had been frequently broken; and one slept fairly well—although there occurred two periods of wakefulness.

Professor Jolly's report is generally favorable, and he concludes that he will continue the use of this new agent and will render additional report after more extended trials.

-American Therapist, August, 1896.

CAMPHOR AS A CARDIAC STIM-ULANT.

In Germany more use is made of camphor in the treatment of collapse than in this country. Its effect is more lasting than that of ether. Schilling recommends that from a

half to one gramme may be safely given. He employs a solution of one part of camphor and ten of olive oil. The drug leaves the body within a couple of hours, and has no cumulative action.

-Munch. Med. Wochenschrift.

COLD BATHS IN DELIRIUM TREMENS.

We read in La Presse Medicale, 1896, No. 4, that cold baths are very effective in quieting even the most violent attacks of delirium tremens. The temperature of the water should be 18 degrees C. The patient is placed in the water up to his shoulders, and it is poured over his head. The bath is repeated two or three times the same day. This treatment has given surprising results in two cases in which all other measures were ineffectual. A few glasses of warm wine were given afterward, followed by a quiet sleep.

-N. Y. Med. Record.

INTRODUCTORY LECTURE ON BOTANY.

BY S. N. SEN, M. B.,

Lecturer on Botany, College of Physicians and Surgeons, of Bengal.

Gentlemen: I consider it a high privilege and honor to be placed in the position I now occupy, and of which I feel myself so unworthy.

Thanking you for your cordial reception and taking the advantage of the favorable circumstances presented before me, I have taken up this responsible work. Here I stand before you, not as a teacher who has come to give you lessons or learned lectures, but as one who still wishes to be a student in the vast field of science and intends to study a particular branch thereof in company with you. I bow to you, for "there may be geniuses hidden amongst the young faces within this classroom." A student of science can never cease to be a student, his life from beginning to end must pass in continuous study, so as to keep abreast with the advancing times. In his inaugural address the worthy president of this college has clearly narrated the rapid progress of the science of medicine since its birth.

In the preliminary remarks each of us would likely demonstrate the spirit of the "man of the leather." Each one tries upon our mind the importance of his own subject and claims its superiority over others. The professor of medicine tries to make us understand that his is the most important branch of medical science. The professor of surgery maintains that the study of the science and art of surgery is the most interesting to the students and claims the advantage, over the study of medicine, of the practicability of visual confirmation of the diagnosis made during life by exploring, etc. * * The anatomist declares that the study of the human physique is the supporting pillar of the study of medical science. In short, everyone repeats the same words— "nothing like leather." From these there is only one conclusion to draw—the almost universal relationship and scope of the science of medicine. To become a medical man one should be acquainted with almost all the branches of knowledge: he must be up to any emergencies that may possibly arise in the course of human life.

We are to study both science and We are to learn both theories and practice. Art might have reached its zenith, but science is ever progressing. In arts the pupil seldom excels the master, but in science the pupil begins where the master ends. The field of science is vast and inexhaustible. Students, you are set to work on it. Gather the fruits of krowledge therefrom. The ladder of advancement is before you, and you are fortunate enough not to have been placed at the very bottom of it. You are given the advantage of the various inventions and discoveries of science—the fruits of labor and life of past geniuses. Don't fail to make the best use of them. You are fortunate

enough to have been placed in an age when communication and exchange of thoughts and experiences are so easy, when the furthest corners of the known world are linked together by steam and electricity, when a single invention or new discovery not only raises the people amongst whom it is made but lifts up the whole world. The brains of geniuses work for the whole world. Edison was born not for his own native village alone but for the whole scientific world.

Great men lift the whole world with them in the steps of advancement. Medical students, you are endowed, not only with your poor unfertile brain, but the brains of Hippocrates and Brown-Sequard, of Barnes and Lister, to work within you. By the law of heredity you are in possession of all the treasures accumulated by them. And now what are your duties? You children of rich fathers are not to squander away the valuables stored up by them, but you are to make the best use of them and to add to their numbers. You are to furnish new materials for the construction of the edifice of science, which will never be completed and made perfect, but will ever be increasing in beauty and magnificence. Begin where your masters have ended. Try to add one stone more to the edifice of medical science. Your life will be highly valued if you can discover one truth of nature.

Your profession is a noble one. You fight against the faults and frailties of human nature—the invariable causes of disease. You try to restore order in the system which has been disturbed by the violation

of some laws of nature. "No effort of oratory," to quote the words of his Excellency, Viceroy, in his opening address of the First Indian Medical Congress, "is requisite to describe the noble profession whose chief aim is the relief of human suffering and which offers opportunities to those for the exercise follow it of some the highest qualities nature of which our is capable—the prompt decision of purpose, the courageous, or, if need be, the heroic devotion to duty which we sometimes specially claim for man, the intuitive instinct, the quick and ready sympathy, the tender care which we gladly confess finds its highest example in women." These words from such a high personage are surely encouraging to you medical students who are now laboring under many hardships and inconveniences.

ANALGESIC AND SEDATIVE EFFECTS OF LACTOPHENIN.

Dr. H. D. Peterson, in a "Clinical Report on Lactophenin" in the Chicago Medical Recorder (August, 1896) says:

Among the newer remedies of this class (analgesics and antipyretics) is lactophenin, one which so far seems to offer the best results with the least ill effects. Clinical tests have shown it to be of especial value in relieving pain and reducing temperature gradually, and maintaining it at a lowered degree without frequent repetition. It is not disagree-able to the taste and is easily administered. The dose is 5 to 10 grains, and 45 grains may be given in a day. In doses of 15 grains it acts as a gentle hypnotic.

The author then reports a number of cases, from which we epitomize:

M. F., aged 37, laborer, suffered for years from periodical attacks of articular rheumatism, often preventing him from working. Lactophenin in 8-grain doses, four times daily, completely relieved him from pain; other remedies, especially salicylates, had failed.

Mr. W., aged 40, business man. Long troubled with insomnia and frontal headache; extremely nervous from want of sleep; a 10-grain powder of lactophenin at bedtime dispelled headache, and sleep followed; no unpleasant symptoms in the morning.

Mr. S., aged 27; periodical attacks of migraine. One 8-grain powder of lactophenin entirely relieves.

Mrs. D., aged 20, housewife; severe headache accompanying typhoid fever. Headache disappeared and did not return after 8-grain dose of lactophenin; no noticeable effect on temperature.

Mrs. B., aged 25; facial paralysis on right side, and neuralgic pains on left side. An 8-grain dose of lactophenin relieved the pain and

produced sleep.

Dr. Peterson concludes that "where speedy relief from pain is desired lactophenin offers as good results as any remedy at our command."

SARCOMA OF THE SKIN CURED BY ARSENIC. °

of sarcoma of the A case nose, with secondary nodules in the face, treated by Pospelow (Arch. f. Dermatol. u. Syphilis, vol. xxxiv, part 2) with large doses of arsenic (up to three-fifths grain daily) for a considerable period. The tumors entirely disappeared, and two months later had not recurred. The author expresses himself as in no way certain that recurrence will not yet take place. He warns others against too early abandonment of the treatment in similar cases, as very large doses must be given for two or three months, at least, before a result is looked for. The character of the tumor was in this case determined by histological examination.

THE PURITY OF COCAINE.

To every physician, surgeon and specialist who employs cocaine hydrochlorate the absolute purity of the product used is a matter of paramount importance. Cocaine is used in the most delicate operations; it is applied externally, hypodermically and internally, and in whatever manner used it may cause suffering and grave results if the product is impure.

To make cocaine absolutely pure it is necessary to eliminate allied alkaloids and all inorganic substances, and this requires the most perfect technical methods and scrupulous care in the manufacture.

Boehringer & Soehne, as leading makers of cocaine and the first to improve the process and furnish a chemically pure product, offer the assurance that all cocaine supplied in original vials with the "B. & S." label is absolutely pure, or uniform highest standard of quality, and reliable.

B. & S. cocaine hydrochlorate is supplied in chemically pure, anhydrous, well-defined, perfectly white crystals; it meets the requirements of the United States Pharmacopia as well as all other standard tests.

For ready determination of presence or absence of dangerous allied alkaloids or impurities in cocaine

we quote these official tests:

Test 1. Dissolve 0.1 gramme cocaine hydrochlorate in 5 ccm. water (making a 2 per cent. solution) in a clean glass-stoppered vial, adding three drops diluted sulphuric acid; then add one drop of a one per cent. solution potassium permanganate, which produces a pink or violet tint. This tint will not visibly decrease within half an hour if the cocaine is free from cinnamyl-cocaine and other dangerous impurities.

Contamination with isatropyl-cocaine (a violent cardiac poison, which is stable toward the permanganate test) and other basic impurities may be detected by MacLagan's

ammonia test, viz:

Test 2. Dissolve 0.1 gramme cocaine hydrochlorate in 87 ccm. water and then add three drops of ammonia; for a few moments the solution will remain clear, but rapid stirring with a glass rod will cause a prompt cyrstalline precipitation of free cocaine. If isatropyl-cocaine is present a milky turbidity will immediately ensue on addition of the ammonia; if other impurities are present they will prevent the crystallization of the cocaine.

B. & S. cocaine will stand both tests, as well as all other official tests, perfectly; it is a chemically pure cocaine, of the highest possible standard of quality.

FERRATIN.

Marfori (Archiv. Ital. de Biol., Tome xxiii, Fasc. 1-11) publishes the results of some recent experiments upon the absorption of ferratin and its physiological action. He states that the quantity of ferratin that can be obsorbed depends largely upon the condition of the mucous membrane of the gastro-intestinal tract. Sulphuretted hydrogen, which accompanies putrefactive processes in the intestine, slowly decomposes ferratin (it immediately precipitates ordinary iron pounds.—Ed.), and so reduces the amount capable of being absorbed. The large amount (13.7 to 41.68 per cent.) that occurs after administration of saline purgatives Marfori ascribes in part to the aseptic condition of the bowel, and in part to the fact that the saline purgatives cause a desquamation of the upper layers of the intestinal epithelium, and therefore expose a thinner layer of young cells through which absorption more readily takes place.

When the gastro-intestinal canal is in its normal condition the absorption of ferratin is much less, according to Schmiedeberg, but since the latter's experiments render it impossible to distinguish between the iron of the ferratin and the iron introduced in the food, Marfori proceeded as follows: He administered to the animal a saline purgative, and fed it solely on milk; the lower part of the intestine was also cleared of saline enemata. About a week later ferratin was given in repeated doses. The amount absorbed varied between 11 and 30 per cent. of the amount administered.

With reference to the question whether ill-effects might not arise from long-continued administration of the drug, Marfori found that it was impossible to poison animals by injecting large doses into the blood; nevertheless, a man would need to take about two and a quarter pounds

of ferratin in the course of a month

to produce a similar result, assuming as a basis for calculation experiments on dogs. Since he would actually, however, only receive about one-twentieth of that amount, there is no danger in continued administration of the drug, a statement confirmed by clinical experiments.—Univ. Med. Magazine, Nov., 1895.

PAIN RELIEVED WITH UTMOST SAFETY.

Albert M. Williams, A. M., M. D., of Bradford, Pa., says: "I have used antikamnia in my practice since its first introduction and used it extensively. At first I was a little cautious and a little apprehensive, and rarely ventured on larger doses than five grains; but for several years I have given it in ten and fifteen-grain doses to adults, and when needed, repeating every hour or two hours. I have rarely been disappointed in controlling pain, if the pain was of a character to be controlled by medicine. In severe neuralgias or any severe form of pain, my method is to prescribe ten grains to be given every hour till the pain ceases. I seldom use morphia or opium in any form. I have seen so many unfortunate victims of the opium habit that I shun its use, and antikamnia is my sheet anchor. The effects of opium and its alkaloids, too, are most disagreeable to many people. I always suffered untold misery when I had taken even a small dose of morphia; itching and nausea especially continuing for about two days. There is none of this following the use of antikamnia, and I have never heard of a victim of the antikamnia habit. I have yet to see the first case where any alarming symptoms have followed its administration. I have for a long time been in the habit of prescribing it in a little larger doses than are recom-mended, and any bad results from its use must be due to some idiosyncrasy on the part of the patient."



GRANULAR CONJUNCTIVITIS.
R.—Mercuric oxide3 gr. Zinci.
Thymol. Muriate of cocaineea ½ gr.
Camphor
Vaseline 1 oz. M. ft. ung.
-North American Practitioner.
LOCAL TREATMENT OF BALD-
NESS.
Tinet. cantharidis
Ol. ricini½ fl. dr. to 1 fl. dr. Alcoholis, q. s. ad4 fl. ozs.
M. Sig.: Rub thoroughly into the
scalp.
SICK HEADACHE.
Critzman administers every two hours a capsule containing
R.—Sparteine sulphrate0.3 gr.

Caffeine citrate...........1.5 gr.

Antipyrin8.0 gr. Sig.: Four of these capsules are to be given, even though the pain

may have completely disappeared. If there is gastric intolerance, which frequently occurs, this mixture may be given in the form of an enema.

-New York Medical Journal.

WHOOPING COUGH.

Dr. Murrell orders a mixture containing Powdered gum acacia......1 dr. Syrup of orange flower......2 dr.

Oil of anise.....3 m. Waterto 1 oz.

For a	liniment	the	following	for-
mula is	useful:			
R.—Oil	of maher		6	dr

—Oil of maber	dr.
Oil of rosemary1	dr.
Oil of origanum1	dr.
Oil of turpentine1	oz.
Linseed oil to 4	
-Pediatrics	3.

FEVER BLISTERS.

Camphor								
Arrowroot, powdered								
Bismuth subnitrate .								
Cold cream	٠			٠	٠	٠	4	drs.
M.								

FOR CORNS.

Painted on the corn night and morning for several days, when the corn will, as a rule, come readily awav:

Acid. sa Ex. can	licylici nabis ind	 30 grs.
Collodii M		 4 fl. drs.

-Monthly Retrospect.

ANTISEPTIC PASTILLES FOR GARGLES.

Fuerst recommends for the antiseeptic treatment of the pharynx and the nasal fosses the use of pastilles composed as follows:

R-Box	ic a	cid		 	150	grins.
Sal	icylic	e acid		 	.15	grms.
Sod	ium	chlori	ide.	 	.30	grms.
Sac	char	in		 	3	grms.
Oil	pepp	permin	it .	 	1	grm.
Oil	euca	lyptu	s]	drop

Make into 300 pastilles.

One pastille dissolved in a cupful of boiling water yields, when cold, an excellent gargle. After having

used two-thirds of the solution for gargling, the cup should again be filled with water and this diluted solution snuffed up the nose.

-American Medico-Surgical Bulletin.

BRONCHITIS WITH HEART DIS-EASE.

Dr. Arthur Foxwell gives the folfowing prescription for damaged lungs with bronchitis, complicated by enlarged heart and failing right ventricle:

R—Pot. iodidigr. iij
Extr. stramoniigr. 1/4
Extra glycyrrhizægr. ij
Aetheris sulphurici w
Liq. arsenicalis ij
Aquamad oz. j

To be taken five times a day.

-The Scalpel.

BURNS AND SCALDS.

R—Ol. lini.
Liq. calcisaa oz. iv
Acidi carbolicigtt. xxx
M. Sig.: Apply freely.
-New England Med. Monthly.

CARDIAC DROPSY.

In heart affections with dropsy and disturbed compensation, Zaugger has good results from:

R—Pulv. digital. fcl. gr. iss.
Diuretin gr. xv
M.

M. Or,

R—Pulv. digital. fol........gr. iss.
Pulv. camphor......gr. ¾—iss.
M. Sig.: One such powder three or
four times a day.

-Giornale Intern. delle Scienze Med.





PAT'S VISIT TO THE DOCTOR.

A friend and acquaintance, who hails from the Emerald Isle, was recently taken ill with some trivial complaint, and it was but natural that I should pay him some due attention during his indisposition. I had frequently prevailed upon him to engage the services of a good physician, but he appeared to have a hatred of medical men in general and my advice and pleadings seemed of no avail, until one evening, on my calling as usual, I noticed he was in a graver mood than he had been for the past fortnight, and I inquired the cause of his apparent discomfiture and lack of energy.

"Wal, ye see, 'twas this way," he began in his original mode of expression and in the native brogue of old Killarney. And here let me say that it is his simplicity of thought and expression, his benevolent disposition, and coupled with this the amusing light in which he views the most serious matters that has been the means of making us the close friends the reader now finds us. But to continue in the words of Patrick: "I got ter thinkin' ov whot ye s'id about ther doctor, an' sez I ter meself, sez I, maybe he's roight; so I wint ter see him. This was yisterday, an' divil a bit ov pace ov moind I've hod since."

"Why, how did visiting a physician destroy your peace of mind, Patrick?" I asked him.

"Wal, I'll till ye all about it; 'twas this way. Friday mornin' I sot over there in ther rockey chair whoile me woife fixed things up a bit, an' after she hod made up ther bid I tould her I hod made up me moind ter go an' see ther doctor. She sez no, but I sez yis, an' thot sittled it, do ye see. I'd oughter known bitter thon go on a Friday, but, bedad, I drissed meself, an' all ther toime me Biddy was flingin' persanal remarks at me about me hovin' a pig head, an' raidin' ipetafs from their tombstones in ther graveyard over ther way.

"Wal, as luck would hove it, I comminced combin' me hair wid me woife's comb, an' av ye want ter git a siperation away from yer woife jist curry yer head wid her comb an', bedad, an' ye'll git it, fer it's sure ter cause a partin'. It moight hove done so yisterday, but I dropped it jist as soon as I seed me disroightfulness, fer av me Biddy caught me usin' it, bedad ther moight hove been sume taith broken, do ye see.

"Wal, I got me ridy at last an' wint to see ther doctor, an' jist as I wint ter knock on ther dure I seed a little tin sign which sid on it: 'Patients walk in widout ringing;' so in I started, an' sure an' I hadn't no mure thon stipped on ther rug whin a bill began ter tingle an' bedad, an' off I jumped, wint out an' cum in agin by stippin over ther trap. Sure 'twas me first visit ter a

doctor, an' I wanted ter do ther thing roight, do ye see. But I've been thinkin' iver since it's a killin' shame ter make ther ladies jump over thot rug iviry toime they cum on a visit, so it tis, it tis.

"It moight hove been, though, that ther doctor had a daughter whose name was Patience, an' he wanted her to cum in widout disturbin' ther

family, so it moight.

"Wal, bedad, I hod ter wait a long toime whoile ther doctor took out a stitch frum a mon's soide, an' whoile I sot there lookin' around ov me I saw a couple ov citivicats ov dith hangin' on ther wall roight ferninst me. I suppose thot's whot they were, inyway, fer they hod a big spot ov blood on wan corner. So sez I ter meself, sez I, av he only kilt two paple as long as he's been a doctor, thin I think I stand a fairly good chance ov livin', do ye see.

"Oh, yis, an' ther' was another dith notice hung up in wan corner that hod a grane spot on it, but that must have been fer a Swade, so it

don't count a-tall, a-tall.

"Wal, whin he got through wid ther mon wid ther stitch he called me into his privat' office and acksed me whot was ther trouble, an' I tould him I hod been playing lawn tennis an' thought I hod ther Rickets. He sid yis, I did look sorter thin an' rickety. Thin he took hould ov me rist, an' I thought he wanted to shake hands wid me, so, bedad, I shook his hand, but he sid no he wanted ter feel me pulse, do ye see.

"Wal, he wrote a couple ov notes an' handed thim over ter me, an' I noticed thot aich wan ov thim hod an R in wan corner, so I acksed him whot thot was fer, an' he sid thot mint they were subscriptions. So I ups an' tills him thot I hod alridy subscribed fer thray magazoons an' wan ivery-day paper, an' I couldn't afford ter subscribe fer

inything ilse, do ye see.

"Thin he snickered at me, an' sid ter take thim ter a ladin' druggist, an' he'd give me some medicine; so, bedad, I hove it in me moind thot thay were only notes ov ricimmindation. "But as fer thot ladin' druggist, sure I didn't know iny more whot a ladin druggist was thon inything whatsoever a-tall, but I kape me mouth closed so as not ter show me disintilligence. An' thin he tould me a big gumble ov things ter do, an' all I kin remimber was ter take thray drops wance a day, an' wan pillet thray toimes a day; an', bedad, an' I nearly laughed roight in his countenance whin he sid thot. The idea ov him callin' a pullet a pillet; inyone thot iver raised chickens knows bitter thon thot, do ye see.

"Wal, whin he got through talkin' nonsinse, I tould him he hod ought ter write-type whot he hod ter till his patients, an' thin they wouldn't disrecollict it; an' seein' a sign thot rid advice wan dollar, I gave him me bill an' wint out, do ye see.

"Wal, I wint down on Chistnut strate, an' jist as I got ter thot little store kipt by a mon by ther name ov Jinnymaker I sees a drugstore mon whot I know cumin' along ladin' a blind mon, an' thin I knew wot ther doctor mint by a ladin' drug-

gist, do ye see?

"Wal, ther was sum frozen ice on ther pavement, an', bedad, an' I hadn't gone mure thon thray fate whin me brogins flew frum under me an' down I wint, an' nearly broke me pulse. Faith, an' I must hove looked commecul standin' wid me fate in the air. An' don't ye belave it, I took wan stip mure and fill agin. So, sez I ter meself, sez I, ther doctor tould me ter take thray drops wance a day, an' bedad, an' I've hod two, but av I take ther third it's a corpse I'll be an' not a citizen ov United States, do ye see?

"Wal, I wint ter ther store ov ther ladin' druggist an' he hodn't cum back yit, but ther was a barber there in a white coat, so I tould him I'd wait fer him, an' whin he cum I gave him ther notes and he gave me a bottle of stuff thot looked loike water an' a box ov little candies thot I gave ter ther kids, an' anouther box ov things thot looked loike little sausages only they hod lids ter thim. An' thin he charged me a dollar an' a quarter, an' I tould him to charge it, do ye see.

"Wal, on me way home I stopped in ter see a frind thot kapes a gin shop, an' whin I got home Biddy sez I was drunk, but I sez no, I hod been takin me medicine what ther druggist gave me an' I got a drop too much. 'Oh,' says she, kinder sarcistic loike, 'I thought as how ye moight hove been out in ther rain and got a drop too much.' Smart Biddy's gettin', ain't she?

"But bad luck ter ther doctor whin he tould me ter ate wan pullet thray toimes a day; sure, an' I've ate two terday an' I hove a load on me stomach loike a hod ov bricks. An', bedad, an' I don't belave he knows much; he tould me me system naded a thorough clanin' out, an' ter take a physilic. Wal, I thought I'd clean things out in a regular spring-house-clanin' stoyle, so I drank a cup ov hot water an' swallowed sum soap, an' faith an' I feel as though I hod been pulled through a ringer. I've a buzzin' in me ears loike a hoive of bees; maybe I hove ther hoives, I can't till, neither I kin. Biddy put a wit shate on ther bid terday, an' thot may hove sumthin' ter do wid ther ringin', I don't know. But it's not goin' ye be?"

"Yes," I replied, "I must leave you now, and trust you will be feeling like a new man in a few days, after you are relieved of the trials and sufferings you have doubtless endured through listening to my unwise council."

"Wal, now lit me give ye sum intilligence, av your sick stay ter home an' moind yer own affairs an' lit ther doctor alone. An' now good noight ter ye, an' God bliss ye."

JOSEPH F. HOSTELLEY.

CONSOLATION.

"Doctor, this is the worst attack I ever had."

"Never mind; it will be your last."
—Washington Globe.

OUR MOTHER-IN-LAW.
Mrs. Joseph R. Clausen.

On whom so oft do we depend?
Who comes to us the day to spend,
That she may help to bake or mend,
The mother-in-law.

Who is it comes when we are ill? And goes to work with so much skill, And oft-repeated tasks fulfill?

The mother-in-law.

And when the baby frets and cries, 'Till sleep's a stranger to our eyes; To soothe that baby, how she tries, The mother-in-law.

And when the work has ceased to pay.

Who kindly tries to cheer the way, And help us out, when comes rent day?

The mother-in-law.

And should she believe we go astray, And that thinks she should have her say,

Shall she not point the better way?

The mother-in-law.

A GRIEF AND A REFLECTION.

She was sitting on the curbstone, And she wept and sobbed aloud, While her little friends stood near her

In a sympathetic crowd.
"What's the matter, dear?" I asked her;

"Are you hurt or are you sick?"
"No; I've sucked my all-day sucker,
Till there's nothing left but stick!"
Well, a penny cured her trouble
With another "sucker" quick;
But why is it that life's taffy
Nearly always ends in "stick?"
—Bessie Chandler.

MISUNDERSTANDING.

Shopman—"Kid gloves, Miss?" Little Girl (indignantly)—"No; grown-up ones."



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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 Betz Building, Philadelphia, Pa.

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IS TRIONAL A USEFUL HYPNOTIC, AND DOES IT POSSESS ANY ADVANTAGES OVER SULFONAL?

By Prof. J. Von Mering, Halle.

Twenty years ago I investigated the nature and mode of action of chloral-hydrate, which at the time was the hypnotic in almost exclusive use. The results showed that the hypnotic effect was not produced by a progressive decomposition of the chloral-hydrate into chloroform and formic acid, as Liebreich had assumed, but that the molecule of chloral-hydrate developed its effect either as such or after it had undergone reduction to tri-chlor-ethyl-alcohol.

As early as the '70s it had been learned that chloral-hydrate occasioned a series of objectionable features. Although its use was being largely extended, there was even then in many quarters a hearty desire to replace chloral-hydrate by some less heroically acting agent. The first successful attempt to produce a substitute for chloral was

-From "Therapeutische Monatshefte," August, 1896.

that of Cervello, who added paraldehyde to our pharmaceutical re-Soon after, I discovered sources. that amylene-hydrate is a reliable hypnotic. These two drugs, especially amylene-hydrate, are much to be preferred to chloral-hydrate, as their action on the circulatory apparatus is much less injurious than is the latter; but their use has been limited because they must be given in relatively large doses, which, on account of the disagreeable flavor, is a disturbing element in the case of many patients.

Later on, I and others undertook to diminish the unwelcome incidental effects of chloral-hydrate by coupling the chloral with various other bodies—chloral-amide, etc. Although the results so obtained were quite noteworthy from an experimental standpoint, attention was meanwhile diverted from them by the discovery of an entirely new class of bodies belonging to the di-

sulfones. These bodies, discovered by Baumann, are distinguished from all hypnotics hitherto used by their great stability. Although neither acids, alkalies, oxidizing nor reducing agents act upon them, they nevertheless undergo within the animal organism a change and decomposition upon which their peculiar action depends. While this change in the case of sulfonal proceeds slowly and, especially during prolonged administration, incompletely, with trional the conversion is complete and occurs in a shorter time than with sulfonal.

Baumann and Kast have investigated the physiological action of a these sulphurous comseries of pounds. The first important practical results of these researches was the discovery of the hypnotic effect of sulfonal, which Kast introduced into the materia medica after extensive clinical trial. For several years sulfonal was considered to be an ideal hypnotic, which had absolutely after-effects. no disagreeable confidently was the latter opinion held that the drug was not only given in immediate doses, but very carelessly, the administration being continued for months even in the case of patients with lowered vitality.

In his first report and frequently in subsequent communications Kast insisted that the indications should be considered in the case of each patient, and that sulfonal should never be used for long periods continuously. This warning was not heeded until a series of mishaps were reported, which taught the profession that no hypnotic, not even sulfonal, given in excessive doses, could be used with impunity.

Moreover, it was observed in certain individuals sulfonal had a cumulative action leading to a severe disturbance of the general health (hematoporphyrinuria), which in some cases led to a fatal issue.

Mueller, Ruschewey, Stewart, Fuerst, Rabbas and others agreed with Kast in the belief that sulfonal, when properly administered, is a reliable and relatively harmless drug.

Meanwhile both physiological experiment and clinical experience had confirmed the fact that sulfonal had a certain kind of cumulative action. (Goldstein.)

It was also peculiar in another respect that in general its effect was only developed after one to three hours, and in many cases in which the dosage had been carefully regulated the action was continued beyond the desired period.

These phenomena, according to Goldstein and Morro, are due to the difficulty with which the sulfonal molecule is taken up by the organism.

The investigations of Baumann and Kast brought to our knowledge some other substances which stand in close chemical relation to sulfonal and possess a similar physiological action. Experiments showed that one of these, trional, has all the useful properties of sulfonal in a higher degree than the latter, while the above mentioned and undesirable effects are either entirely absent or at least less marked. During the five years which have elapsed since Barth and Rumpel called attention to the value of trional (1890) a very large number of papers have appeared to confirm its utility. E. Schulze (Psychiatric Clinic, Bonn), A. Schaefer (Psychiatric Clinic, Jena), A. Boettiger (Psychiatric Clinic, Halle), Garnier (Asylum Dijon), Brie (Insane Asylum, Bonn), Hammerschlag (Psychiatric Clinic, Berlin), Randa (Sanitarium, Ober-Doebling), Mabon (State Hospital, Utica), Mattison (Sanitarium, Brooklyn), Bever (Psychiatrie Clinic, Strassburg), Claus (Insane Asylum, Antwerp), Obersteiner (Sanitarium, Vienna), Spitzer (General Hospital, Vienna), Svetlin (Sanitarium, Vienna), Bever (Garrison Infirmary, Vienna), and many others* have come to a general agreement that trienal is a valuable hypnotic, which possesses essential advantages over sulfonal in that its action is more speedy, reliable and

^{*} Weir Mitchell (University Medical Magazine, 1896, No. 6) has used trional on account of its marked sedative action in cases of epilepsy, either as a substitute for the bromides or alternating with them, and has had excellent results.

less apt to be unduly prolonged. The physiological action of trional as compared with that of sulfonal is in the most complete harmony, as Morro has shown, with the results of clinical experience. Morro found that trional was more easily and completely decomposed within the organism than sulfonal, and that its ultimate products were more speedily eliminated. The extensive use which has been made of trional in recent years has shown that it, too, is capable of causing unfavorable symptoms.

Since the introduction of trional six cases, in all, of toxic phenomena have been observed. In two or three of these haematoporphyrin was found in the urine. These so-called cases of trional poisoning have recently been critically observed by

Ernst Beyer.

Beyer comes to the conclusion that the toxic phenomena described are not wholly due to the specific action of the trional, but must in part be referred to other causes and complications. According to Beyer, no fatal case from a single large dose has yet been reported, although such a possibility must be conceded from the fact that fatal poisoning has occurred from large doses in experiments on animals.

The reports of hematoporphyrinuria after prolonged administration of trional may, as Beyer shows, be very well explained by other causes. Zoja, Garrod, Sobernheim and others have noted excretions of hematoporphyrin in human subjects who had never taken either sulfonal or

trional.

I have recently observed a case of severe anaemia, in which the urine was of a brownish-red color and for whole days contained abundhematoporphyrin, although neither hypnotics nor any other drug was being administered. It is, therefore, questionable whether the hematoporphyrinuria, when it is observed during the administration of sulfonal or trional, is to be considered as a direct result of the action of these agents. (On this point compare Mayser, Deutche Medic. Wochenschrift, 1896.)

Beyer says: "If it may be called a brilliant result that out of the many thousand patients in every locality who have been treated by trional during the past five years toxic effects, so-called, have been noted in only a bare half-dozen, the aspect is still further improved if we subject these six cases to a closer examination."

That Beyer's view of the subject of poisoning by trional is correct is supported by the fact that while the use of trional has increased to a manifold extent, the number of unfavorable experiences with this hypnotic has not risen; however, the phenomena described in the genuine cases which have been reported have not yet been adequately explaind.

It was only recently that I determined to make any extensive use of trional. Being so closely related to sulfonal in chemical composition, it is difficult a priori to conceive that its action can differ from the latter in any important particular.

My experience of twenty years in the effects of all the other hypnotics did not predispose me to place much reliance in some of the extravagant commendations of trional, though these opinions impelled me to gather some experience on my own account. The results agree, in all essential features, with those already reported. I have not been able to recognize any unpleasant sequelae from trional, although I have about 1000 times. In some cases it has been continued for three to four months in doses of 1.0 to 1.5 gm. every two or three days without any injurious effect. The fact that I have never met with any untoward symptoms or after-effects may perhaps be explained by my practice of never exceeding 1.0 or 1.5 gm. for a single or a daily dose. Or it may be pure accident that none of my cases presented these features. The question occurred to me whether such experiences may not have occurred to others and the facts have been suppressed in deference to the dictum of Beyer, Goldmann and others that trional poisoning was avoidable under all circumstances. I therefore wished to supplement my experience with the judgment of physicians and clinicians who have at their disposal a much more extensive field of observation than my own.

In answer to my request, and with the knowledge that the material was to be used in this paper, a number of distinguished colleagues have willingly communicated their experience with trional. I received sixteen answers out of seventeen requests. They are given in the order of their receipt, some being quoted in full and others in abstract.

Professor V. Noorden writes: "Although I am accustomed to be very reserved in my judgment concerning new remedies I believe that I am able to give a positive answer to your questions about sulfonal and trional. Sulfonal has so often failed me altogether, and in other patients has given rise to severe complaint of the headache which has followed it on the next morning, that I have gradually abandoned its use. All the more because I have been satisfied with trional. Of course, it is not infallible; yet in most cases it acts very well. When in addition to insomnia, certain of the disorders which prevent sleep, such as cough, dyspnea or pain are present, I have found the combination with small doses of morphine to 1.0 or 1.5 gm. of trional. I have never seen any bad results, except that very feeble patients may complain of lassitude on the following day. This symptom is much less common than with sulfonal. I consider trional one of the best remedies for sleeplessness, particularly adapted for prolonged use, because the dose needs to be increased very little or not at all. On the contrary, it is possible usually, as in the case of bromide of potassium, to diminish the dose after a time.'

Dr. Lilienfeld, Sanitarium, Lichterfelde: "In a comparative estimate of sulfonal and trional as a hypnotic, based upon a pretty abundant experience, I must give trional the decided preference over sulfonal. To begin with, trional is undoubtedly a more powerful sleep-producer than sulfonal; a medium hypnotic dose

of 1.5 gm. of trional corresponds in general to a similar one of 2.0 of sulfonal. Moreover, sleep comes on sooner after trional than after sulfonal-within one-half to one hourwhile that from sulfonal is often postponed for two hours; apparently the absorption of the former is more speedy. For the same reason, doubtless, the disagreeable after effects. which are almost always experienced after the use of sulfonal and which are often extremely annoying, are either entirely wanting or developed in a much lighter degree in the case of trional. I refer to the sensation of heaviness in the head, mental confusion and unsteady reeling gait on walking. For this reason trional is very much preferred by the patients as compared with sulfonal. After either of them the sleep is usually described as pleasant and quiet. I have only found hematoporphyrin in the urine once after the use of trional.

"In this case the patient was a woman aged 55 years, suffering from melancholia, who for many consecutive weeks had received a dose of 1.5 gm. trional every evening. The general condition of the patient was in no wise influenced by its occurrence. Its onset was evidenced only by the red color of the urine, and the condition disappeared immediately after the drug was discontinued. Up to the present time I have not observed any other injurious complication in the use of trional, especially none of the xanthematous eruptions which I have often noted after sulfonal. I take this opportunity of stating that hitherto I have considered amylene-hydrate to be the only hypnotic which combines a very powerful action-almost as strong as chloral-hydrate-with complete absence of injurious effects, even after a prolonged and continuous administration; and this opinion holds good at the present time. Unfortunately, the bad taste of this drug hinders its more extensive use.'

Dr. Jastrowitz, Berlin: "My experience with trional has not been as extensive as with sulfonal. Since we have learned to recognize and

avoid sulfonal poisoning we frequently make use of this drug by preference, especially in repeated small doses; for the very reason that it gives quiet and a feeling of lassitude to restless patients, in addition to putting them to sleep. In a few cases—for what reason I do not know, unless it be idiosyncrasy—trional, in doses of 1.0 to 1.5 gm., has acted efficiently where sulfonal in doses of 2.0 gm. failed. On the other hand, it has happened that sulfonal has succeeded after the failure of trional.

"No case of trional poisoning has come under my observation, though I have seen several from sulfonal. One of these is described in Salkowski's paper on 'Hematoporphyrin-

uria.' etc."

Professor Dr. Fuerstner, Strassburg: "My experience with trional both in the clinic and in private practice has been very favorable. I consider its action very reliable in doses of from 1.0 to 2.0 gm., and I have never seen any unpleasant complications or sequelae, such as are common in the use of sulfonal. Cases in which trional proves disappointing are very uncommon, and I have not been able to account for them."

Professor Kraepelin, Heidelberg: "In general we have had very good results from trional. It acts quicker than sulfonal; it is powerful, but the effect does not last as long. Nevertheless a slight degree of mental confusion and drowsiness is common enough on the following day, just as with sulfonal. For this reason I would warn against its prolonged use without interruption. We usually give 1.0 to 2.0 gm. We have never seen severe symptoms of poisoning. In one case showing a rapid failure of strength and a peculiar diphtheritic change in the mucous membranes, a suspicion arose that it might be due to a toxic effect of the trional, but this could not be confirmed."

Professor Binswanger, Jena: "In answer to your question, I beg to reply that the experiments made in my clinic during 1892 on the action and uses of trional were reported by Dr. Schaefer, who was then my assist-

ant, in the Berliner Klinischen Wochenschrift, November 29, 1892. I have nothing important to add to this paper. For over a year I have ceased using trional in the public clinic, because sulfonal is cheaper even in the larger doses required and has therefore been substituted. Of all the hypnotics, sulfonal is the one most frequently employed in my clinic, and especially in those conditions in which, according to Schaefer, trional was found to have no result. I once saw in the course of a prolonged administration of large doses of sulfonal a persistent condition of severe psychical depression, with symptoms of mental hebetude. With this exception, I have never observed any disadvantageous sequelae from a moderately careful use of either trional or sulfonal. The doses I have used have generally been from 1.0 to 2.0 gm. When there has been great psychical excitement I have had success from the use for a short period of doses of 3.0 to 4.0 gm. per day, divided into two to four doses. But it would seem that the administration of these larger quantities requires the most careful supervision if we are to avoid toxic phenomena."

Dr. Plessner, Wiesbaden, who has had an extensive experience with trional, writes: "In answer, etc., I have the honor to report that I have a relatively abundant supply of material concerning trional, which I take pleasure in transmitting to you." From this valuable collection it appears that in a few cases, especially in morphine habitues whose supply of that drug had been withdrawn, complications, such as reeling gait and anorexia, have appeared after very high doses (3.0 gm.). In one case a turbid, reddish-brown color was observed in the urine, but this patient had suffered for a long time from chronic cystitis. As long as sufficient care was taken to secure a free elimination by way of the feces and urine, the toxic symptoms were trivial and infrequent, even when the drug was continued for a long time. In summing up, Dr. Plessner states: "If my experience justifies me in expressing an opinion concerning trional, I may say that it is the best hypnotic which the materia medica has yet afforded us; it acts quickly, produces a light slumber, which in the case of medium doses of 1.5 gm. lasts about five to ten hours, and leaves after it no bad effects, such as headache, nausea, or the like, the patients feeling as refreshed after its use as after normal sleep. If the drug is not misused by being given in immediately high quantities (over 2.0 gm.), or used too continuously, it is a remedy free

from any risk."

Professor Emminghaus, Freiburg, has had, all in all, an unsatisfactory experience with sulfonal. On the other hand, his results with trional have been more favorable, although disagreeable complications have not been entirely absent. For example, he observed a case with dark red colored urine, in which, however, hematoporphyrin could not be detected by the spectroscope. "As the use of sulfonal has become relatively infrequent, trional has been more largely employed in our clinic. But from the first we have profited by our experience with sulfonal and have ordered trional in small doses, yet large enough to have hypnotic effect and not merely divided doses." And even these have been replaced on every second or third day by suitable doses of paraldehyde. As a rule, a single evening dose of 1.0 gm. has sufficed: often enough 1.5 gm. has been ordered, but this latter amount has never been exceeded. The results of such medication, as a rule, were good; many cases of simple insomnia were successfully dealt with by such small doses as 0.5 gm. It must be noted, however, that such medicinal treatment of excitable patients always went hand in hand hydro-therapeutic measures, the efficiency of which is well known. At the same time, trional sometimes failed, even when 1.5 gm. was ordered."

Professor Thomsen, Bonn: "In recent years we have used at least 1000 gm. of trional, and are perfectly satisfied as to the results, both in the quantity and quality of the sleep obtained. In many cases the remedy

failed. Doses of 2.0 gm. usually sufficed for from five to seven hours of sleep. It was generally administered in hot milk. Many patients could not endure the flavor. Aside from headache, we saw no complications, except that once after prolonged use of large doses there were some doubtful toxic symptoms. It sometimes seemed advisable to vary its use with that of sulfonal."

Dr. Koester, Gothenburg, expresses himself in a general way as in favor of trional, and refers to his article on the subject in the Therapeutische Monatshefte of February,

1896.

Professor Tuczek, Marburg, whose letter closes with the words, "As you see, our results have been very favorable," has been kind enough to send me a tabular statement of his experience with trional during the last quarter of 1895. From this it appears that among the female patients treated during that period 79 received in all 1043 doses of from 1.0 to 2.0 gm. In no case was it given two days in succession. 912 instances it was successful in producing sound sleep; in 68 the result was partial, the sleep having been broken, and in 63 cases it failed altogether. In the men's division 60 patients received in all 1211 doses of trional. Of these, 1144 were successful; 63 partially so, and in 4 no sleep was obtained.

Professor v. Krafft-Ebing, Vienna: "My experience has been entirely favorable. I give it in doses of from 1.0 to 2.0 gm., usually 1.3 to 1.5 gm. Its action seldom fails. I prefer to give it on alternate days, because the effect is frequently felt on the succeeding evening. In such cases I am in the habit of ordering for the second night about 2.0 gm. of bromide of potassium, with 0.6 of phenacetine and 0.003 of Codeine. In this way I have been able to use it for months at a time without any unpleasant consequence. Sulfonal has been gradually abandoned in my practice. I am also apt to give trional in divided doses, perhaps as high as 0.5 gm., several times daily in melancholia, severe neurasthenia, hystero-neurasthenia and in cases of morbid fears. Trional is probably one of the best sedative and hypnotic drugs having a direct action; that is to say, affecting chemically the central nervous system, which we have for melancholia, delusions, mild grades of mania, as well as the neuroses. I have learned to especially prize it in chorea. In painful affections it is of very little service."

Professor Rabow, Lausanne: "Sulfonal and trional are both agents that I make frequent use of, and which I could not do without. The former I use chiefly in the institution on account of its cheaper price, and the latter in my private practice. I have not been able to convince myself of any great difference in their action, but the impression has grown upon me that trional is quicker and more reliable in its effects. I take care not to exceed 1.0 gm. at a dose. and for not more than two evenings in succession, followed by a break in the administration. Quiet sleep of several hours frequently follows 0.5 The drug is taken a quarter of an hour before bedtime, and sleep follows very shortly. I do not consider it necessary to give either sulfonal or trional with a large quantity of fluid two or three hours before retiring. Usually the effect fails if the individual has already spent one or two hours in bed in vain research of repose before he makes use of the remedy. Then the critical time has passed, and in order to obtain the desired effect a double or triple dose must be taken. I have obtained the best results in the insomnia of neurasthenic patients. Here even 0.5 gm. trional will act if given at the right time. Where 0.5 gm. does not act on the first trial I have usually succeeded with 0.75 or

"In cases of mental disease, 1.0 to 2.0 gm. of sulfonal or trional more often failed in those marked by excitement than in depressed conditions, and even in the latter the effect was often absent. Sulfonal, and more especially trional, has been of good service in influenza and phthisis pulmonalis. In these cases even 0.2 to 0.3 gm. will diminish the troublesome perspiration, the

cough will lessen and sleep set in. Since I have limited myself to doses of 1.0 gm. I have not observed any unfavorable complications. Formerly I used to see such symptoms after large or long-continued dosage. The patients complained of vertigo and digestive disturbances (diarrhea, etc.) An excitable insane patient who took 6.0 gm. of sulfonal in one day reeled to and fro like a drunken man for several days afterwards."

Professor Hitzig, Halle: "Sulfonal has not been used in the clinic conducted by me since the publication of the well-known unfavorable complications caused by this agent. As we have other hypnotics which, with certain precautions, are reliable and free from danger, I do not consider it right to expose patients to all sorts of accidents, which lie out of control of the physician. We are accustomed to use as hypnotics, trional, amylene-hydrate and chloralhydrate. If hypnotics must be continued for a long time, I consider it proper to vary them; in this way unpleasant by-effects are more easily avoided, as well as the results of drug habit, at least to some degree, if not completely. In the use of trional we have not for some time exceeded a dose of 1.0 to 1.5 gm. Relatively few individuals obtain sleep on as little as 1.0 gm.; many more are affected by 1.25, and we have not needed to exceed 1.5 gm. I have not heard any complaints about by-effects; and in other respects there is little modification to make of the results of experiments with trional in my clinic, as published by Dr. Boettiger in 1892. During the past eighteen months I have personally taken this drug about 12 or 15 times in doses of 1.5 gm. On the first occasion the effect was so prompt that scarce a quarter-hour had passed before I was so overcome with lassitude that I almost fell asleep in my chair. Each succeeding time the effect was slower in setting in, and now from one to several hours usually elapse. On the other hand, I have uniformly had the experience that I sleep much better on the second night than on the one in which the drug is taken. For this

reason I never order it for two nights in succession at my clinic, and never fail in this respect, if the trional acts at all."

Dr. Gnauck, Medical Director, Pankow: "I have abandoned sulfonal on account of its unpleasant by-effects, and use trional instead of it, both as a hypnotic and as a sedative. For the latter purpose I give it in smaller doses repeated several times during the day. I have made this change because I have found its action satisfactory to a very high degree. If sleep has to be produced artificially over a long period, I vary trional with chloral or amylene-hydrate."

A. Cahn, Strassburg: Professor "Of all the hypnotics which have come into use during the past ten vears I am best satisfied with trional. Its action is reliable and more prompt than that of sulfonal, the after-effects are slight and evanescent. I have personally never noticed any disagreeable by-effects, such as circulatory disturbances. I must, indeed, admit that I have not used this or any other hypnotic continuously for any lengthy period. In persistent insomnia I have substituted for one or several days agents from other groups, such as amylenehydrate or chloralamid, or have discontinued it altogether. In addition to this I have always experimented with each patient to find the smallest dose which would suffice to produce sleep. In this way I have had no occasion to complain, and have come to consider trional as a rare hyp-

From my own experience and that of the numerous authors above quoted it follows that we have at the present time no hypnotic to be preferred to trional. In only one of the reports which I have received has it been ranked on an equality with sulfonal, while it is admitted to be effective in smaller doses. the others, and my experience agrees with theirs, place trional considerably above sulfonal; some have ceased to use sulfonal on account of its disagreeable by-effects. It is true that hematoporphyrinuria has been observed in a few cases after trional also; but this phenomenon is much more rare than after sulfonal, and the explanation of its appearance has not been found in either case. Almost all the clinicians agree that this symptom, at least so far as it concerns trional, is easily avoided, and if it does set in, disappears when the drug is stopped without further consequences. Comparatively speaking, the report of Emminghaus is the most favorable to trional. He is not willing to deny the possibility of many of the same dangers arising in its use which are met with in the case of sulfonal. Nevertheless, Emminghaus prefers trional to all other hypnotics.

If the opinions concerning trional which have been collected above are compared with those of existing literature, the following standpoint is arrived at: Trional is an advantageous hypnotic, which is not excelled by any of the agents which have preceded it; it acts reliably and promptly in simple insomnia, in the sleeplessness of various forms of neurasthenia, and in the restlessness and even the more marked excitability accompanying the insomnia of patients with mental disease.

In the sleeplessness following bodily pain, trional may also give good service, when, for example, 1.0 gm. is combined with 0.005 of morphine. My own experience leads me to indorse the caution given by V. Krafft-Ebing, Svetlin and V. Noorden against its continuous use.

(To be continued.)

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from last number.)

SECONDARY HEMORRHAGE.

The consecutive loss of blood succeeding a surgical operation must always be regarded as a possible danger, which we should ever be on the alert for.

It would seem that there are certain vessels more prone to take on consecutive bleeding after operations than others.

This is notably the case after division of any of the branches of the palmar or plantar arches, the vessels of the female generative organs, or others within the peritoneal cavity.

But it may proceed from an artery situated in any region of the body. Secondary hemorrhage rarely proceeds from a vein.

It is always a sad and melancholy event, which falls equally with crushing force on the surgeon and the family of the unfortunate patient.

The case is left with every reasonable assurance and hope of recovery; possibly the operation has been one unattended with any serious difficulties, one, indeed, of a comparatively simple character.

The patient comes out of the anesthetic in an excellent condition, with natural warmth, a good circulation and exhibitation of spirits; but, a lurking, concealed or overlooked hemorrhage sets in.

Vascular tone and cardiac impulse have augmented, when some small, insignificant artery begins to spout, or perchance the column of blood is thrown with such tremendous energy against the ligated divided end of a large vessel, when the liga-

ture stitches ruptures or slips off.
Our patient's sensorium is blunted
and unconsciously he sinks lower
and lower until mortal syncope sets
in and closes the scene.

It has been the experience of the writer to witness a few cases of death from this generally preventable cause—one very recently.

One case was a young man on whom a circumcision had been made. He was operated on in the morning, all the vessels having been closed by a row of strong silk suture, which included the mucous membrane and the foreskin.

Everything went on well until toward midnight, when the night nurse noticed an extreme pallor. He was roused up, attempted to turn over, gave a few gasps and was dead

Another case of secondary hemorrhage occurred in a man who had his big toe amputated for gangrene following a frost bite. The morning

following amputation he was found dead in bed, a fatal hemorrhage succeeding from dorsalis-pedis.

In the latest case occurring in my own practice, within a few days, the circumstances were peculiarly

distressing.

The patient was a woman who had suffered the most agonizing distress from a multiple abscess of the right kidney, which for some three years had provoked a persistent cystitis with such a vesical tenesmus as made it impossible for her to secure more than one hour's sleep at a time without rising to evacuate

the acutely irritable bladder.

On operation the Simon inguinolumbar incision was made. The greatly enlarged kidney was found displaced into the right inguinal fossa; its fatty capsule was penetrated from behind and the entire cortex stripped without entering the peritoneal cavity. When the funnel-shaped end of the ureter came into view it was ligated off and the renal artery sought for. This was easily found and brought into view by moderate upward traction of the kidney.

Now, a double moderate-sized ligature was thrown on the vessels

and firmly tied.

Knowing from experience that the renal artery is a treacherous vessel and wishing to eliminate any possible chance of hemorrhage another heavy twisted silk ligature was applied on the distal end about three lines from the first. The remaining connection of the kidney with the other parts was cautiously divided. Now a large bloodless hiatus was left in the bed occupied by the removed organ. Before packing the wound a search was made for any bleeding points, but none were found. The dressings were applied and the patient returned to bed.

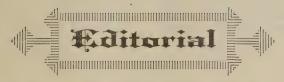
The patient came out of the anesthetic in splendid condition and it certainly seemed that now her road to recovery must be rapid and complete, for with the exception of this local lesion she was a sound woman without any other organic complication. The only possible contingency that gave me any uneasiness was the possibility of secondary hemorrhage. The peritoneal cavity had not been opened, not an ounce of blood had been lost. She was a person of most marvelous vitality. Before leaving the case the nurse in charge was given strict directions to watch vigilantly for secondary hemorrhage and to send at once for me or my assistant on the first sign of any escape of blood through the dressings.

At 2 o'clock, seven hours after the operation, word came to me that my patient was dead. The news completely staggered me, for it seemed almost impossible. I at once repaired to the bedside of my patient. It was said that everything went on well till 11 o'clock, when she became extremely weak and deathly pale. Gradually strength failed her, and she died at 12 M. The first question of mine was, had there been any hemorrhage? The answer was that there had not. But I insisted on inspecting for myself. Raising the body up I found to my horror everything under her, the sheet, mattresses and all, blood soaked. This was terrible. I found that the nurse never even made an effort to inspect the dressings, but simply sat down and allowed the unfortunate patient to bleed to death under her eyes.

It has been my lot to see six other patients in the hands of other operators who lost their lives by secondary bleeding. Two were hearty young women, operated on for ovarian lesions.

No doubt but the sum total of those lives lost anually by a secondary hemorrhage in the United States alone is very large. Unfortunately for the progress of science and the institution of a more judicious and definite prophylaxis, for prudential reasons, the record of them is very often suppressed or, at all events, they never see light in the medical journals.

How this accident may be best obviated or dealt with will be considered in the following issue of this journal.



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KEPHALOHE MATOMA.

Thrombus neonatorum is comparatively a rare occurrence among infants. When it does occur the causes are generally obscure. Klienwachter states that we may observe it once in 200 cases. This is probably a greater percentage than really happens.

Kephalohematoma presents as a soft fluctuating tumor caused by effusions of blood beneath the periosteum and bone, usually on one of the parietal bones. Various theories are advanced in relation to its causation, none of which are without more or less defect.

A case of this affection recently occurred in the practice of the editor of this journal, which presented the rare phenomena of a double kephalohematoma. Both parietal bones were covered with a tumor fully as large as a good-sized apple, occurring

on the third day after birth. The mother stated that her other children, except the first (the present case being her fourth) had similar swellings on the head soon after birth

Bouchet* quotes a case of Ducrest, in which the primary thrombux occupied one of the parietals and passed over to that of the other side of the skull. No such progression was witnessed in the present case, but a simultaneous tumor over both parietals, interrupted only by the sagittal and coronal sutures.

There is no history of specific disease in this case, and parturition has been particularly easy in all the children the mother has had. We must, then, incline to the theories of

^{*} Keating's Cyclopedia of Diseases of Children, Vol. 1.

Ritter and Langenbech, that this condition is the outcome of defective

development of the bone.

As to treatment, unless there is evidence of pus formation, nothing is necessary, for the tumors will disappear in from four to eight weeks spontaneously. No inconvenience or disturbance arises with the child, and at the present time the tumors

of this case have absorbed more than one-half, during a period of five weeks from their first appearance, without any treatment whatever. The child appears unusually bright for its age, and beyond a slight restlessness the first two days of the swelling, probably due to the stretching of the scalp, nothing has occurred from the normal.

THE "ETHER" CELEBRATION IN BOSTON.

A very select affair, calling together a few local physicians and invited guests of other cities, ostensibly to celebrate the fiftieth anniversary of the first administration of ether in the Massachusetts General Hospital, but obviously to invite subscriptions to the new pathological laboratory of that institution, was held in Boston the 16th of October. A few papers were presented by outside physicians, and one or two by local members of the profession, but there seemed to be a lack of the general enthusiasm one would expect in the celebration of so important an event. No general invitation was given to the Boston or Massachusetts profession, and they were in consequence conspicuous

by their absence.

This was an event which might well have been characterized by universal rejoicing and glorious celebration by the local fraternity generally, but those who had charge of arrangements, for some unaccountable reason, failed to make the celebration as general as should have been done for a fitting memorial to Dr. Morton and his daring determination, which brought ether before the world fifty years ago, as the greatest boon obstetrics and surgery have ever known.

TREATMENT OF PULMONARY TUBERCULOSIS.

The more one observes the results of the various vaunted methods of treating pulmonary tuberculosis the more evident becomes the fact that this disease is primarily due to a disordered digestive system, thereby causing malassimilation and lymphatic stasis in pulmonary circulation, leading to inflammatory deposits, which furnish fertile ground for tubercle bacilli.

Treatment should be primarily directed to the digestive system. The stomach especially should be washed out, using especially therefor peroxide of hydrogen, which combines with the pus and mucus nearly al-

ways present in these cases, to form CO². Attention to this treatment was directed by the editor of the "Times Register" early in the year 1895, and to-day serves as a most admirable guide to the condition of the patient and the curability of the affection in a given case. The form of peroxide with which we have been most familiar, on account of its strength, stability and uniform good results, has been hydrozone, which should be diluted, one part to 64 of water, or even weaker if the stomach is sensitive. This is apt to produce nausea and even vomiting when used as an ordinary beverage, instead of

lavage by syphoning the stomach, and this nausea is due to the admixture of pus and mucus with the hydrozone, but shows good results if persevered with. Pain in the epigastrium may be met with from the first few imbibtions, but this gradually disappears.

The results obtained by lavage of the stomach, with proper diet, in consumption, providing the case is not a hopeless one and the treatment is properly given, are sufficiently good to warrant a more extended trial of this method. Body weight is increased and the loss of strength, so bitterly complained of by most of this class of patients, is lessened. Perseverance, however, is absolutely necessary to success, as patients are apt to consider the treatment temporarily worse than the disease.

PROMOTION.

Dr. Thomas H. Manly, of New York, and associate editor of the "Times and Register," has been appointed professor of surgery in the New York Clinical School of Medicine, and visiting surgeon to the West Side German Dispensary.

These appointments were offered Dr. Manley entirely unexpectedly and unsolicited by him, and evidently point to another hospital reorganization in New York City. We wish our genial associate abundance of success.





ELECTROLYSIS IN THE TREATMENT OF DETACHED RETINA.

BY W. T. MONTGOMERY, M. D.

Within the past few years various remedial agents have been advocated with more or less enthusiasm in the treatment of detachment of the retina. One of the more recent of these agents, and one which from its action and the nature of the disease seemed to promise as much or more than any other treatment, is electrolysis. One of the most full and encouraging reports on the application of electrolysis in detachment of the retina, is by Dr. Terson, and was published in the last July number of the Annales d'Oculistique. Dr. Terson reports twelve cases treated with one recovery which had lasted 9 months, and five improvements which had persisted for from two to nine months. Within the last six months four cases of detachment of the retina have been treated in the Illinois Charitable Eye and Ear Infirmary, two by myself and two by Dr. B. Bettman. In the treatment of these cases we, in the main, followed the recommendations of Dr. Terson. Positive electrolysis was used; the eye was punctured by the strong platiniridium needle at some point of the sclerotic corresponding to the detachment and a current of five milliamperes applied for a period of one minute. The eye was thoroughly cocainized, so that the puncture was

made without pain, but when the current was turned on the patients complained of severe pain. In Case 2 the pain was so severe as to prostrate the patient, and he absolutely refused to submit to it again. In Case 1 the pain was severe enough to bring out beads of perspiration. The after-treatment consisted of the instillation of a 1 per cent. solution of atropin sulphate, the compress bandage and rest in bed for one week. No noticeable reaction followed treatment in either case.

Case 1.—Andrew J. F., age 29, mechanic, Norwegian, July 30, 1895, was admitted into Illinois Charitable Eye and Ear Infirmary. Patient states that the sight of his right eye has always been poor, V-bright light—amblyopia. Eight days ago was struck on the left eye with a piece of wood, and this eye has been almost blind since. On examination, external appearance of eye normal. The ophthalmoscope shows blood clot in vitreous. Vision-fingers at six feet. Pressure bandage applied, and small doses of hydrargyrum bichlorid and potassium iodid was ordered, and the patient kept quiet. August 30 patient was V-20-30, some discharged with small floating opacities of vitreous remaining. September 30, patient

was readmitted with extensive detachment of the retina. V - motions of the hand in temporal field. Patient says his sight failed suddenly the day before. Ophthalmoscope shows almost complete detachment, only a small area of nasal portion remaining. Treatment: rest in bed, bandage and hypodermic injections of the muriate of pylocarpin, saline eathartics. October 15, no improvement. Electrolysis used. Bandage and quiet. October 25, no change. Needle used again, but owing to breaking of wire in holder battery did not act and operation resulted in simple evacuation of subretinal fluid. December 5, patient thinks he can see better. Field is enlarged but cannot distinguish objects. Electrolysis again used. December 15, field and vision not so good. Is now about as it was before electrolysis was used. Patient was transferred to Dr. W. H. Wilder, who injected sterilized rabbit's vitreous, according to Deutschmann. Violent reaction followed, but this subsided within a There was no improvement of vision. January 7, 1896, patient discharged as incurable.

Case 2.—M. C., age 65, laborer, American, was admitted into Infirmary October 23, 1895, with brella detachment of retina of right eye. Left eye lost from the result of an injury years ago. Present trouble came on suddenly three months ago. No history of an injury or previous trouble. V - motion of hand. Electrolysis used November 6. No improvement. Electrolytic needle used again, but as in Case 1, the battery did not work, the result being only puncture of sclerotic and escape of subretinal fluid. December 5, patient thinks he sees a little better, but we cannot detect any change in the detachment. Patient refused to submit to further operative treatment, and was discharged at his own request. February 14, 1896, patient readmitted with acute glaucoma, which he states came suddenly one week ago. Pupil widely dilated, -3. Eye totally blind. Pain excruciating. February 27, pain continues. Eye excised.

Case 3.—P. L., age 40; laborer,

Irish, was admitted into Infirmary December 30, 1895. Left eye blind for three years as the result of an injury. Vision of right eye began to fail three months ago. On examination cornea clear, pupil dilated, numerous floating opacities in vitreous. T-1. No distinct vision and only poor perception of light. Detachment of the retina in upper and temporal portions. Pilocarpin treatment used until January 10, 1896, without any improvement. Electrolysis used. The eye was bandaged and patient kept in bed. January 25, no improvement. Electrolysis again used, making three punctures. March 25, still no improvement. No further treatment.

Case 4.—M. B., age 67; farmer, Irish; admitted December 26, 1895. Right eve normal. First noticed flashes of light in left eve three weeks ago. Eight days ago he suddenly noticed cloud before eye, as he expressed it. On examination, cornea clear, pupil dilated. T-? Detachment of retina above, hangs down and nearly covers optic disc. No distinct vision. The pilocarpin treatment was used without benefit. January 20, 1896, electrolysis, single puncture. February 15, no improvement. Electrolysis repeated, the sclerotic being punctured three times at this sitting. March 22, no improvement. Patient discharged by

all of extensive detachment. Only one, Case 1, can be claimed as presenting conditions fairly favorable for successful treatment. This patient was young, his general condition was good, and the detachment recent when the electrolysis was first used. Of the other cases, their ages were 65, 40 and 67 years, and the detachment had existed from one to four months. If we are warranted in drawing any conclusions from such a meagre report they would be: 1. That the treatment is exceedingly painful, but is not immediately followed by severe reaction; 2, that it is valueless as a curative agent in

detachment; 3, it may be a factor in

The cases we have reported were

exciting inflammatory glaucoma, as occurred in Case 2.



THE "WOODBRIDGE" TREAT-MENT OF TYPHOID.

In the Medical Record of August 8, 1896, is published a paper on "The Antiseptic Treatment of Typhoid Fever," read before the Worcester District Medical Society, by Wesley Davis, M. D., of Worcester, Mass. After some consideration of the nature of the disease and the methods of treatment most in vogue, the author discusses his experience with Woodbridge treatment, to which he called the attention of the society at its annual meeting in May last. Eighteen undoubted cases of the fever were treated in the City Hospital during his term of service, from October 1 to January; they all recovered, and those uncomplicated pursued what appeared to be an unusually mild course. During this time 51 outside cases were reported to the Board of Health, with 12 deaths, a mortality of 23.5 per cent. During the author's term of service in 1894, four cases out of eighteen of typhoid fever were lost under the ordinary treatment.

The formulae employed were as

follows:

TABLET NO. 1.

R.	Podophyllingr. 1-960
	Calomelgr. 1-16
	Guaiacol-Carbonategr. 1-16
	Menthol gr. 1-16
	Eucalyptol m. 1

TABLET NO. 2.

R.	Podophyllingr. 1-960
	Calomel gr. 1-16
	Guaiacol-Carbonategr. 1-4
	Menthol
	Thymolgr. 1-16
	Eucalyptol m. 1

NO. 3 CAPSULE.

R.	Guaiacol-Carbonategrs.	3
	Thymolgr.	1
	Mentholgr.	1-2
	Eucalyptol	5

They were employed as follows: No. 1 was given at once, and thereafter every fifteen minutes for the first 24 hours, or two every halfhour. If at the end of the first day these were well borne, and the bowels had not moved too freely, two No. 2 tablets were given every hour alternately with two No. 1 tablets, so that the medicine was given every half-hour. The intervals between the doses were lengthened or shortened in accordance with the action of the bowels, Dr. Davis' experience being that the patients did best when there were five or six evacuations at least during the twenty-four hours. ter three days, capsule No. 3 was given, one every three hours; the tablets, mostly No. 2, being used between in accordance with the action of the bowels.

When stomatitis was well marked, the tablets were omitted and Guaiacol-Carbonate in from 3 to 5-grain doses given alternately with the capsules.

Dr. Davis calls especial attention to one case in which the druggist was directed to make the tablets and capsules as small as possible, and in which the desired and customary effect on the course of the disease was not obtained. Undissolved tablets were discovered in the stools, and a vissit to the druggist revealed the fact that he had combined the drugs with calcined magnesia in his efforts to make the tablets and capsules as small as possible, and had thus made them insoluble. More than seventyfive capsules and tablets in all were recovered from the stools; and the patient began to improve at once when the medicines were administered in absorbable form. Dr. Davis also records a number of cases which he regards as aborted by the prompt use of the Carbonate of Guaiacol.

THE VALUE OF THE DIPH-THERIA BACILLUS.

At the Medical Congress Hr. Hennig, Konigsberg, read a paper on the above subject, in which he concluded that the diphtheria bacillus was of no diagnostic value, as it was present in many cases where there was no diphtheria, and absent throughout the course in many cases followed by paralysis. In Konigsberg it was present in only 55.5 per cent. of the cases, and in the remainder streptococci, staphylococci and diplococci were found. This being the case, any treatment based on the specificity of the diphtheria bacillus must fall to the ground. The results of serum treatment as published by the Imperial Health Office were not very imposing. Since 1868 he had treated 1970 cases of diphtheria by a method of his own, viz., lime water and ice, with a mortality of only 3.06 per cent. In Egypt, also, where the mortality from the disease was from 80 to 90 per cent., since the introduction of his method of treatment it had fallen to 3 per cent.

-Cin. Lancet-Clinic.

THE NATURE OF EXOPHTHAL-MIC GOITRE.

Martius (Berliner Klinik, May, 1896) discusses this subject from a clinical point of view. Moebius has come to the conclusion that the disease is a poisoning of the organism by the morbid action of the thyroid. To this Buschan has opposed his nervous theory, which he holds to afford a better explanation of the clinical phenomena of the affection. Martius considers that the large number of conflicting theories is due to the cardinal symptoms of the disease being regarded as the disease itself, which is in reality an affection more or less of every system and organ of the body. The theory which localizes the lesion in the medulla oblongata is quite unsupported by pathological evidence, and the sympathetic theory at once breaks down by reason of its failure to explain the tremor, the disordered impulses originating, which certainly do not pass down from the cortex to the muscles along the sympathetic. too often forgotten that the peripheral nerves are not originators, but only conductors of impulses. Experimental evidence, based upon section or stimulation of their fibres. is therefore valueless as an indication of the condition of the nerve cells, which is the all-important factor in disease. Occasionally one or other symptoms of exopthalmic goitre may be produced by pressure on or disease of the sympathetic, but in the actual disease the chain and ganglia are invariably found healthy. Martius is therefore forced to the conclusion that the congeries of symptoms depends essentially on functional disturbance of the central nervous system. Turning to the thyroid, however, the researches of Goffroy, Greenfield and others have shown that the enlargement is due not merely to vascular dilatation, the result of disordered innervation, but to a specific hyperplasia, in the crypts of which colloid material is either absent or much changed chemically (Lubarsch). Pathologically, exophthalmic goitre is very sharply marked off on the one hand from nervous diseases, having an anatomical basis, and on the other from functional affections such as hysteria and neurasthenia. It resembles much more closely in its symptomatology chronic intoxications such as mercurialism and alcoholism, and this resemblance is not diminished by the fact that Graves' disease often appears to take origin from a fright or some other psychical disturbance. The acute symptoms of alcoholism (delirium tremens) and of plumbism are often evoked by the action of apparently slight external causes upon impregnated symptoms already with the poisons, and the appearance of symptoms of exophthalmic goitre may also date from similar causes in the course of chronic intoxication from the disturbed action of the thyroid gland. With this

may also be compared the onset of uremia in cases of granular contracted kidney. Martius therefore concludes that exophthalmic goitre is a chronic poisoning of the whole nervous system, but that the evidence at present available is insufficient to settle the question as to whether the diseased thyroid gland produces the poison or inhibits its destruction.

B. M. J.

PERIODS OF ISOLATION FOR CONTAGIOUS DISEASES OF CHILDHOOD.

In the course of a report on this subject Olliver (Gaz. Medicale, de Strasburg) makes the following

rules:

For scarlatina, variola, varioloid and diphtheria the period of isolation before the child is allowed to return to school should be 40 days, counting from the first day of invasion.

For measles and varicella 16 days

will be sufficient.

For pertussis isolation should be prolonged to three weeks after complete cessation of the characteristic kinks.

For mumps ten days after the disappearance of the local symptoms.

Nasal, buccal and pharyngeal irrigations with antiseptic solutions should be employed, and soap bath and rubbing of the entire surface and scalp should be a necessary preparation before returning to school.

-N. E. Med. Monthly.

THE CLOTHING OF INFANTS AND CHILDREN.

The following sensible directions are given for the dressing of the child at birth by Dr. T. W. Peers in the Kansas Medical Journal:

1. A square of absorbent cotton five to six inches square, with a hole in the middle, is adjusted smoothly round the umbilical cord and the latter turned up toward the chin and covered with a second piece of absorbent cotton without a hole.

2. A soft flannel band around the child's body, which will reach from

the nipples to the crest of the ilium and pin it in front with small safety pins.

3. A diaper of soft cotton or cotton or flannel; not unwashed, harsh,

new goods.

4. A soft flannel gown, made with sleeves, but no waist, and about one yard in length, open the full length in front and tied with tapes or buttoned.

5. A dress of silk, tennis flannel, flgured woolen goods or unstarched linen, according to the weather, fancy or purse of the mother, made similar to the above gown or with a waist if preferred, a few inches longer and with larger sleeves.

When the cord has come off and the stump thoroughly healed the flannel band should be left off. At five to eight months, when the baby gets to kicking and short clothes are indicated, the following dress is suggested:

1. A flangel shirt reaching to or

below the pubes.

2. Diapers.

3. Woolen stockings reaching well up above the knees.

4. Shoes with a wide, strong sole

and plenty of toe room.

5. A well-fitting waist of cotton goods, to which is attached the garters and a flannel skirt. Ring garters should be avoided.

6. Later, when the child learns to attend to the calls of nature, the union garment, which includes shirt and drawers woven in one piece, is a very desirable article of clothing.

-Indian Lancet.

ENTEROCLYSIS IN CHRONIC MUCOUS DIARRHOEA.

Dauchez (Rev. des Mal. de l'Enf., May, 1896) states that large injections of weak antiseptic solutions may bring about recovery in obstinate cases of chronic mucous diarrhoea in children. He uses sodium hyposulphite 5 per cent., or tincture of benzoin 15 per cent., or boric acid 3 or 4 per cent., but he considers that the success of the treatment depends on the thorough irrigation which washes away ac-

cumulated debris. The child should be in the horizontal position, with the left hip a little raised, so that the cecum is in a dependent position. A large catheter or esophageal sound is introduced as far as possible, connected with a reservoir about seven or eight inches above the level of the patient. The fluid (T. about 100 degrees F.) flows very slowly, but Ojss to Oij may be introduced in a quarter of an hour. The injections may be repeated every other B. J. M. day.

A CLINICAL LECTURE ON MA-LIGNANT DISEASES OF THE LARYNX, Clinical Journal, Feb. 26, 1896.

The etiology of cancer of the larynx is involved in the same uncertainty as that of malignant disease elsewhere. It is always primary, never secondary or metastatic, or attacks the larynx by contiguity only. The reason of this is the lymphatics of the larynx do not freely anatomose with those of their neighborhood. Sarcoma of the larynx is very rare; and of carcinomata, epithelioma is by far the most common. The male sex is infinitely more liable than the female, for some unknown reason. Smoking and professional voice-use do not account for the difference. Enormous majority of cases occur between 40 and 70 years of age, the extremes in Dr. Semon's experience being 26 and 83 years of age.

In intrinsic disease the cords are most frequently first affected, and the one invariable symptom present is hoarseness. This may last for months, or even a year or more, without a single other symptom intervening. Pain does not depend on the diesease per se, but on the implication of the sensory nerves, and may never occur up to the time of death. Slight and repeated hemorrhage is very characteristic, but often there is none. Malignant disease may commence locally as a simple congestion, followed by tumefaction, or may assume at once the form of diffuse tumefaction in any part of the larynx. It may begin at a globu-

lar, sessile, nodulated mass, or present the characters of a simple papilloma or fibroma. To distinguish simple from malignant growths remember the tendency of benign growths to localize themselves in the anterior parts of the cords, while malignant growths appear on the posterior parts or on the interarytenoid fold, the epiglottis, or aryteno-epiglottidean folds. Again, in simple papilloma the apices are more or less rounded, while in malignant disease the individual projections of the growth are very much pointed and the growth is much whiter in color. Impaired mobility of the cord need not always be present in cancer, for the disease may be of a superficial character at first. The average duration of life in cancer of the larynx is between two and three years. The cases most favorable for operation are those in which there is a definite tumor of one cord. Thyrotomy, with removal of all the soft parts on the affected side, has yielded in Dr. Semon's hands 58 per cent. of lasting cures. Where the disease is too advanced for thyrotomy a part or half of the larvnx must be extirpated. The cases most suitable for this operation are those in which the disease is situated on the front parts of the larynx. In cases which do not permit of radical operation early tracheotomy is the

best palliative.

—Middlemass Hunt, Journal of Laryn-

ology, July, 1896.

A FORM OF DEAFNESS—A GEN-ITAL REFLEX.

BY M. P. BONNIER.

There is a form of deafness which at times may become almost total, but which, when the patient's attention is aroused, may completely disappear, thus showing the complete integrity of the ear—i. e., the peripheral part of the organ of hearing. I have seen three such cases, the first a boy with inguinal hernia; the secony a boy, a monorchid; and the third a young girl who masturbated. There were no nervous stigmata and no hereditary blemish.

—Arthur J. Hutchison (Trans.), Journ.

of Larynology, July, 1896.



EVOLUTION OF THE MODERN TREATMENT OF GOITRE.

By M. Bruns.

For a long time the most hazardous operation undertaken for goitre

was iodine injections.

In 1877 Rose communicated his results after resection at that time, when the mortality varied from 21 to 12 per cent. Later, Reverdin and Kocher have improved on the operative technique, always when possible leaving a part of the gland, thus greatly reducing the death rate and obviating the tendency to general myxedema. But now operations for goitre have been quite generally dispensed with, since the introduction of the thyroid extracts.

Kisselleff has lately reported 13 operations of abolition of the thyroid -11 in women and two in men. Chloroform was used in all cases. When the gland was greatly hypertrophied as a preliminary step the superior thyroid arteries sometimes ligated. It is important in all cases to search carefully for the capsule and keep close to it in dissection. There is seldom much hemorrhage, except from the parenchyma. As a rule, the wound heals by primary union. In these cases the goitre lasted from three months to fifteen years.

INCISION INTO A VOLUMINOUS HYDATID CYST OF THE LIVER FOLLOWED BY IM-MEDIATE DEATH.

M. Gendre (Sem. Med., 29 July, 1896) has reported following case:

A young man of 29 presented himself for treatment of a voluminous hydatid cyst of the liver.

An incision was made into it and ten litres of fluid drawn away. At once the patient became deeply cyanosed and succumbed.

No autopsy was held, but it was the opinion of M. Gendre that death was caused by sudden decompres-

sion of the heart and lungs.

M. Rechis believes that in all these cases, before resorting to surgical intervention, we should puncture, and then inject a bichloride solution.

ENEMA OF WARM WATER.

Enemata of Warm Water—Revue de Therapeutique, 15 Aout, '96. M. Reymond Helles speaks of the excellent results obtained by warm water enemata in intestinal and uterine affections. It is an antispasmodic on the muscular fibre, decongesting the tissues: it is a hemostatic and a sedative to the nervous system. In dysentery the warm water injection is most soothing, the evacuations become less frequent, blood disappears from the stools, the pulse becomes more tranquil, the temperature falls, and insomnia disappears.

It also acts well in hemorrhoids, in prostatitis, in the intestinal hemorrhage of typhoid, in cystitis and menorrhagia. In dysmenorrhea it often acts with singular energy. It is well in all these cases to employ it a few days before the menses are expected. In renal or hepatic colic it is equally efficacious. The best way to employ it is with a fountain syringe, allowing it to enter the intestine slowly. If the patient lie on the right side a full injection may be given without much inconven-

ience to him.

A NEW ARSENICAL PREPARATION.

Daulas says: I have experimented in two cases of psoriasis, and one case of sarcoma, with kakodylic acid, in the form of kakodylate of soda. The compound is soluble, contains 54 per cent. of arsenic and is only slightly poisonous. Hypodermic injections are not more painful than those of morphine. The general condition of sarcomatous cases is ameliorated, but the ganglion masses have not diminished, and a febrile attack has come on. Cases of psoriasis were cured.

The Roentgen ray process was used successfully in the extraction of a bullet from the neck. The bullet was found in the angle of the branches of the spinous process of the third cervical vertebra.

ALIMENTATION IN ACUTE DISEASES.

This is always a difficult problem, and there is much difference of opinion on the subject. The low fevers, as typhoid and typhus, are the ones in which the greatest difficulty is encountered. The entire digestive tube is out of condition, and the annexes of the system, as the salivary, liver, spleen, etc., participate in the debilitated condition. To give a rich diet in these cases would not only fatigue the patient but would, even if it could be taken, be unassimilable and by fermentation produce auto-intoxication. some physicians have shown that cases of typhus may take large quantities of albumenoids, with the effect of improvement in the symptoms and time of cure. It is questionable whether this is good treatment. Typhus cases may drink milk ad libitum, according to some physicians; others think because milk is a complete food in itself it exacts a greater digestion than the typhic subject can furnish. Gendrae limits its use to cases of moderate intensity, in which the tongue is not

heavily coated. It is, however, a matter that must be regulated for each case.

CONTRIBUTIONS TO THE PATH-OLOGICAL ANATOMY AND BACTERIOLOGY OF IN-FECTIOUS ICTERUS.

-Koeli.

This author observed some cases of jaundice of variable gravity, comprising nearly all forms of infectious icterus. In two of the cases the phenomena were benign throughout, consisting of gastro-intestinal disorders, with slight fever, colored skin and urine, showing catarrhal jaundice. In a third case the symptoms were more severe-slight jaundice, hypertrophy of liver and spleen and albuminuria. Temperature was 39 degrees to 40 degrees C. during the course of the disease. The jaundice increased, strength declined, depression became extreme, and patient died in three days in collapse. Autopsy: Liver, normal volume; degeneration of hepatic cells and renal epithelium; acute intestinal lesions engrafted on a chronic nephritis. Weil's disease should have been the diagnosis. The fourth case cumbed rapidly to grave icterus. Autopsy showed liver normal in volume, but with degeneration and glomerulo-nephritis.

The three last patients attacked with quite yellow atrophy of the liver succumbed at the end of three days, and the post-mortem, besides the signs of this disease, showed ante-nephritis, with intestinal hemorrhoids. The bacilli found by Koeli in all the cases ending fatally seemed to be a variety of the proteus fluorescens, a microbe of putrefaction, secreting very poisonous products, and he attributes the deaths to their action.

-Courier Medical.

THE TIME OF DEATH AND DIGESTION.

The opinion is prevalent that material formed in the stomach should indicate at what time death occurred after eating. This is an error. All

do not digest in the same time; in some the process occurs quickly; in others it is more or less delayed. Further, all foods do not digest in the same time. Rice remains ten or twelve hours in the stomach; alcohol and coffee disappear very rapidly. Suppose a person has made an ordinary meal—two eggs, beefsteak, potatoes—and dies two or three hours afterwards, the meat will have disappeared, but the eggs and part of the potatoes will still be found. If the death occurs eight hours after the meal no recognizable food will be found.

The moral is not to state that the death occurred at precisely so many hours after a meal, and is intended as a caution in medico-legal cases.

IRON AND TOXINE.

The iron in the organisms notably diminishes under the action of various toxines, according to MM. Lapicque and Charrin, and Gley finds that the offspring of animals which have received toxic products are less well developed than others which have not been subjected to the poisons.

-Tribune Medicale.





APPENDICITIS AND ITS SEQUEL.

The spread of inflammation in appendicitis may give rise to subumbilical abscess. According to Velten these are intra-peritoneal or extra-peritoneal. They proceed from an abnormal situation of the appendix; thus in some the abscess arises in the tissues adjacent to the umbilicus, in others, when this hangs in the pelvis, we may have an inguinio-iliac or supravesical abscess.

In all cases a most cautious examination should be made, the pus drained off and no search made for

the appendix.

-Gaz. Meb., Oct. 11, '96.

FORMULA FOR AN INDELIBLE INK TO USE INSTEAD OF LA-BELS-TO BE USED DIRECT-LY ON GLASS OR SMOOTH SURFACES.

Take 20 grammes of brown lac, dissolve in 150 centimetres of hot alcohol.

Make a watery solution of 35 grammes of borax to 250 centimetres of distilled water.

Gradually empty one solution into the other. Now add one gramme

the methylene violet.

—Reseignoments Utiles, Bull. Ther.
Generales, 8'Sept., '96.

SALT WATER REPLACEMENT IN PLEURISY.

M. Damstschenko has given Lavacheff's method an extensive trial in serous and purulent pleurisies, with great satisfaction. In consists of first aspirating off the accumulated material and then inspirating a quantity of artificial serum equivalent to that removed and allowing it to remain.

—Revue Generale, Path. Chir., Arch. Gen. Med., Oct. 10, '96.

HEPATIC ABSCESS..

Richard (Bulletins et Memoires de la Societe de Chirurgie, 1-2, 1896) in a report on six cases of hepatic abscess, communicated by Walther to the Societe de Chirurgie, points out that such abscesses, though very often sterile, are not always so. In acute abscess of the liver due to general streptococcus infection the virulence of the purulent collection is very intense and indicates prompt intervention. The cases in which the pus is usually sterile are those of slowly developed abscess following chronic dysentery. An hepatic abscess when seated, as is often the case, in the upper and back part of the right lobe, is best treated, Ricard states, by resection of a portion of the ninth or tenth rib, and transpleural laparotomy, the pleura being stitched to the diaphragm in the absence of adhesions. When the anterior portion of the liver is involved the abscess should be exposed by anterior laparotomy, the edges of the external wound being stitched to the surface of the liver if practicable. In one of Walther's cases, in which this could not be done, the pus was removed with an evacuating trocar, and the abscess cavity thoroughly washed out before the opening was finally enlarged and its edges fixed by sutures to the wound

in the abdominal wall. Ricard is opposed to the practice of scraping the inner surface of the abscess cavity, and holds that simple injections after incision are quite sufficient and less dangerous. Of the six patients treated by Walther four recovered and two died. In three of the successful cases the hepatic abscess was of dysenteric origin. In each of the two fatal cases the abscess was acute and due to general septicemic infection.

SPONTANEOUS AMPUTATION OF AN INVERTED UTERUS.

Hutson (Archives of Gynec.) relates a case in which the patient was a mulatto aged about 35. She had aborted several times and never carried a child to term. A negro midwife attended her and delivered the child and placenta "naturally," after the custom in South Carolina, the patient being placed in a kneeling position before a chair, whilst uterine contractions were stimulated by shaking her up and down. When the patient got up to go to stool the uterus came down. She lay for three days longer on a filthy mattress in hot weather. Hutson was then called in. She was in an unconscious condition, the abdomen being enormously distended, while a putrid pulpy mass protruded from the vagina. It was the inverted uterus which had virtually amputated itself by the contraction of the cervix upon the ligaments and tubes. The sloughy organ was removed and gauze vagina plugged with smeared with carbolized vaseline. The patient, who at the time seemed to be dying, made a good recovery.

-Indian Lancet.

GOOD RESULTS FOLLOWING URETHRAL RESECTION.

Fuller (Med. News, July 25, 1896) describes two cases, in each of which a most extensive resection of the urethra was performed. The operation was apparently first suggested by Konig in 1882, his case being a traumatic stricture of the membranous portion. The free edges of the

urethra were dissected up and brought into apposition by suture. Konig supposed that the success of the operation lay in the healing, by primary union, of these cut edges. The operation was therefore held to be applicable only to such cases of stricture of the membranous urethra as involved but a short portion of its length, and as would consequently admit of suture of the cut edges.

Acting on this idea, Wolfler, a few years later, finding that he had resected too great a length of the urethra for suture, grafted in the necessary amount of mucous membrane from a guinea pig. He recorded a

good result.

Many satisfactory cases of grafting were given by different observers; but the taking of the graft has only been inferred. Indeed, it is difficult to see how the graft can be exactly sutured so as to make a roof for the posterior part of the resected urethra. As equally favorable results were soon obtained, without the aid of either primary suture or graft, the objection to the excision of large strictures became void. Finally, in 1892, Guyon and others of the French urethral surgeons, seeing no reason why resection should be confined to the traumatic stricture, recommended the application of the method to contractile and rebellious strictures of gonorrheal origin.

IS SURGERY A CURE FOR CANCER?

The opinion of Dr. Byrne is: "As the average period of life in cancer of the uterus, when not operated on, is not less than two years, and often more, suffering has not been lessened, but aggravated, and life has not been prolonged, but shortened in the vast majority of all cases thus far subjected to vaginal hysterectomy. The field for vaginal hysterectomy in its application to uterine cancer, if indeed there can be one at all, is an extremely narrow one."

Hysterectomy is largely employed in London, but there are no avail-

able statistics; individual methods of performing the partial or complete hysterectomy for cancer have been described, but the actual benefit obtained is only lightly illustrated by a few selected cases. Many distinguished physicians are advocates of surgery in uterine cancer, but their writings do not contain the facts which might support their advocacy. However, a few results of hysterectomy in malignant disease were reported last winter which may serve to replace the missing data.

In seven cases the average duration of life after the operation was 14 months, and in three of my cases the patient died within three months

of the operation.

In view of these facts the question arises: Is surgical interference a cure for cancer? The arguments advanced for the performance of hysterectomy are, I admit, of some force. The foul discharges and hemorrhages are for a variable period relieved, but there is a recurrence of the disease very soon.

With regard to cancer of the breast an altogether different set of facts and arguments is met with. Sir Benjamin Brodie came to the conclusion, after having removed five or six hundred cancerous breasts, that he would never remove another without first laying before the patient the objection, which his experience has shown him to exist, to that operation—namely, that the practice tended rather to shorten life than otherwise.

Sir James Paget maintained that cancer was in the blood before it was in the breast; that we must look to constitutional and hereditary tendencies. He spoke with very great assurance of the specific nature of cancer as being almost certainly due to a specific morbid material, micro-parasite or ptomaine, or to one or more of their products, and as being closely allied to other micro-parasitic diseases, such as

tetanus, tuberculosis, diphtheria, ague, actinomycosis, syphilis and others, and he maintained therefore that the study of cancer and its treatment must needs be experimental, and once the morbid material was found it could be dealt with in the same way as other specific diseases.

I have known a number of operations which were no doubt perfectly justifiable, but I think that their inclusion in cancer statistics intro-

duces confusion.

I have strong doubts of the value of surgery in cancer, and they have only grown stronger as opportunities for observation have increased. The habit of thought should be changed in the treatment of cancer. More work from the pathologist and from the bacteriologist should be looked for, and the less from the surgeon.

However, the results attained by Sir Benjamin Brodie in his day are not to be compared without qualification with the results of recent operations under improved methods. The same may be said of other "well-

known writers."

-Med. and Surg. Reporter, Oct. 3, '96,

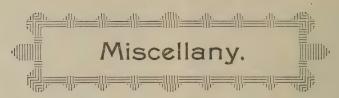
PHIMOSIS.

This is a frequent agent in causing or aggravating diseases in children. The indirect disturbances from it by reflex are often extremely puzzling and by no means infrequent. It affects digestion very seriously at times. Prolapsus ani accompanies preputial inflammation, which will also give rise to symptoms resembling those found in stone in the bladder.

Phimosis aggravates the symptoms of any co-existing disease and is responsible for slow recovery in many cases, and reflex disturbances from it are of sufficiently frequent occurrence to justify a physician in making an examination of every male child for this condition.

-Martin in Med. News.





CANCER OF THE PENIS.

M. Virety calls attention to the tendency of cancer of the penis in those advanced in years. The affection most frequently begins at the corona, advancing into the prepuce. Secondary invasion of the arethra is unusual; nevertheless obstruction by the neoplasm encroaching on the meatus, is common.

Prognosis here is better than in some other instances of the disease.

Treatment consists of extirpation of the organ with the infected inguinal glands. Guyon's plan of partial extirpation is recommended in the early stages of the disease. (Contribution a l'Etude du Cancer de la Venge. Gaz. Heb.)

M. Brinow has recently submitted an important essay on "Congenital Hydronephrosis." The lesion, he says, is generally formed at the outset either at the base of the normal ureter or a supernumary one. There is an abnormal dilatation of the ureter at this point, with a tendency to sacculation.

Some of these tumors may start in the ureter in juxtaposition with the vesical entrance, and attain to great volume in the pelvis. In hydronephrosis secondary to a general dilation of the urinary passages the distention may lead to vesical dystocia. In these cases symptomatic incontinence is the rule.

Prognosis depends on the size of the tumor and the integrity of the independent kidney.—(Gaz. Heb. 11 Oct, '96.)

Same author deals with nephrolithotomy. He sets it down as one of the modern, simple surgical operations. He recommends Tuffier's method of proceeding: viz., through the lumbar incision, preliminary compression of the pedicle, incision

or exploratory puncture, removal of the calculi, and suture of the cortical substance without draining. Piedvache says, that as in biliary lithiasis, so with the kidney, when medicines fail and pain is protracted with persistent hematuria, we should not hesitate in operating. He advises this procedure, particularly in those cases wherein the calculi are small and cannot be detected by palpation. There should be but slight reaction after operation, with positive relief of all renal symptoms.

—Gaz. Heb.

GONORRHEA AND ITS ARTHRITIC COMPLICATIONS.

Espagnac calls attention to the role of gonorrhea in joint affection, and especially to blenorrhagic phlebitis. He has been enabled to examine the blood in 16 of these cases with affirmative results in all. This infection may involve any set of veins. It usually runs from two to five weeks, and recovery is generally the rule. Its pathological anatomy is not well known. The treatment is on the same general lines as any other phlebitis, with special attention to the incriminated urethra.

BLENORRHAGIC FLATFOOT.

M. Jonoe designates under above title a dorsal valgus and flattening out of the plantar arch, attended with great pain and a crippling of the limb, in certain cases of gonorrhea. With his master, M. Gilles, of Touvette, he has made especial study of this lesion. It has been particularly noted in policemen, waiters and others, infected with gonorrhea, who are obliged to stand a considerable part of their time. In the beginning there is simply pain in the foot on attempting to walk, while later, in the second stage,

there is a marked muscular wasting, presenting some of the characters peculiar to that seen in general lesions. The treatment for the limb is to thoroughly cure the gonorrhea and keep the patient in bed until all symptoms have vanished.

—Gaz. Heb. 11 Oct., 1896.

HOW LONG SHOULD THE TREATMENT FOR SYPHIL-IS BE KEPT UP?

Kaposi condemns the so-called of successive treatment method praised up by Fournier, and which consists in treating the syphilis for years, alternating between mercury and iodide of potash. Kaposi is satisfied in most cases of syphilis to carry out a single course of treatment of several months' duration, or two or three courses of treatment in the course of two years, and to see his patient get well and bring children into the world who are perfectly healthy. To prolong beyond limit the treatment of syphilis is, in the eyes of Kaposi, useless and dangerous. The Viennese professor questions if the great frequency of affections of the nerve centre, due to syphilitic origin, observed in France, may not be due to the abuse of too prolonged treatment. According to initial antisyphilitic Kaposi the treatment should be prolonged for some time and carefully watched. This first treatment should not be repeated, excepting one is confronted with some unforeseen accident. Occasionally the healthy-looking and feeling syphilitic may be placed under treatment for a second time in the course of the first year following contamination. For Kaposi, syphilis is a curable disease.—Pacific Medical Journal.

COMPARATIVE ILLEGITIMACY.

M. Paul Bourget, in a book which he has written on America, twits the Americans with a desire to look up their grandfathers when they have any leisure.

Mark Twain is very angry, and replies that the French, when they have any leisure, spend it in hunting

up their fathers.

Bourget, in reply, tries to prove that the ratio of illegitimacy is greater in America than in France.

The New York Medical Record takes up the cudgel and makes the statements, supported by figures, that in France the illegimates are much more numerous than in America, and are steadily increasing, while marriages are decreasing. The article continues:

"The most striking phenomenon after all, however, about the Parisian is not that he cannot find his father (28 per cent. having none), but that he succeeds in getting born at all, for in this wonderful city out of every 100 families 32.3 have no children (unless they are still Out of 60,000 babies born in Paris yearly 20,000 are sent out into the country to nurse, and of these 38 per cent. die in the first year. So that if a Parisian is lucky enough to get fathered, and then to find the father, he is not out of his troubles, for he has hardly an even chance of growing up." -Clinical Sketches.

SCIENTIFIC PROGRESS.

Teacher—"The class in serum therapy will please take their places. All those who know what will cure consumption please hold up your hands. That is good. Now, Johnnie, you may answer first."

Johnnie—"Antiphthisin." Teacher—"No. Next." James—"Aseptolin."

Teacher—"You boys have been playing entirely too much. Next.

Willie—"Potassium permanganate, acid salicylate, ol. morrhue.

Teacher—"You boys seem to forget this is a class in serum therapy. Next."

Charlie—"Amick's chemical cure."
Teacher—"Charley, you may stay
in after school. Next."

Eddie—"Koch's Lymph."

Teacher—"That is nearly right.
Eddie, I will give you another trial."
Eddie—Bergeon's Sulphuretted

Hydrogen, the toxin of bacilli."

Teacher—"Eddie, you may go uphead."

-Southwestern Med. Record.



CYCLING FOR WOMEN.

There is no reason whatever why any sound woman should not ride either a bicycle or a tricycle. For the slim and active a bicycle is decidedly the better mount, because in the first place it can be built lighter and consequently is easier to propel, and secondly because, being a "one-track" machine, it is possible to pick a small, smooth path where the road is rough and stony, whereas a tricycle requires three smooth tracks, one for each wheel, to be really comfortable. The bicycle is also a safer mount. When once the difficulties in acquiring a stable equilibrium are overcome the balance becomes automatic, and then in case of danger it is much easier for a woman clad in a skirt to dismount and free herself from a bicycle than from a tricycle. On the latter machine she is shut in between the handlebar in front and the side wheels and the seat pillar behind, and has to stick to her mount until it and she come to earth to-Of course for the middleaged and very portly a well-designed tricycle is more easy to mount and to dismount when at a standstill, and it has the additional advantage of allowing a more dignified appearance, but it misses the exhibitantion of the balanced wheel, and the gift of improved nerve tone which experience shows a course of judiciously regulated bicycle riding confers on the weaker sex. Of course if a woman be garbed in so-called rational dress (that is, loose knickerbockers and coat) the objection that she cannot dismount from a tricycle in motion does not always obtain, for she can get off backward in the same way as a man. But as esthetic reasons alone are likely to keep the vast majority of cycling women skirt clad this need not be taken into practical account when considering all the questions which arise when advice is sought whether a woman should ride at all, and, if she should, then which class of machine.

The question whether women and girls should cycle at all has attracted much more attention abroad than in this country, and more especially in France and America, where the present cycling craze was evident some year or so before it became general here. Many physicians and surgeons in these countries have placed their experiences on the subject on record, and with hardly an exception there is a consensus of opinion that the exercise of wheeling, properly regulated and indulged in at proper times and seasons, is of great benefit to all sound women and girls, and has frequently had a curative effect in cases of atonic dyspepsia, anemia, constipation, functional nerve troubles and general "flabbiness," and that good has also ensued in various conditions of organic unsoundness, of which we hope to treat when discussing "Cycling for the Unsound." In the case of girls objection has been raised to the use of the cycle on the ground that it may cause enlargement and hardening of the muscles lying on the pelvic inlet, and thus diminishing the size of the canal cause subsequent parturition to be more difficult. Experience does not bear this out, nor is it tenable in theory. When a woman rides properly and has her machine properly adjusted to her length of reach the flexion of the thigh on the pelvis is very small, not much more than in walking up a slight hill, and the psoas and iliacus can hardly become so enlarged as to cause any difficulty. The greater portion of the work is done by the extensor muscles of the thigh and those of the calf and leg which control the movements of the ankle.

If a woman sits on a machine in the ridiculous "paws up, Pompey" attitude affected by some beginners, with the saddle three inches too low and the handles six inches too high, then the work is done at a great disadvantage with an improperly flexed thigh, and more stress is thrown on the muscles of the iliac fossa, but even in such cases which have come under observation the process of parturition has pursued a perfectly normal course. It has also been suggested that the friction of the saddle peak on the external genitals may be communicated to the sensitive portions at the anterior part of the vulva and thus lead to the practice of masturbation. This is a most unlikely consequence. When the saddle is accurately adjusted the woman should sit fair and square on her tuberosities on the back of it, and the pressure of the peak on the perineum and external labia should be almost nil, and all those parts should be entirely at rest during the movements of the thighs necessary to propel the machine. There can be no friction between the labia majora which could in any way affect the clitoris or nymphe unless the seat was inches too high and the rider while in motion purposely rolled from side to side; and if the peak directly impinged on those parts a very few jolts on a rough road would be so painful that the position would soon be altered. The French physician is right who, treating of this subject, says that if such cases occur it is the woman and not the bicycle which is at fault, and that those who wish to indulge in such practices will not take the trouble to cycle to obtain their gratification. The healthy exercise in the open air may also be trusted to minimize the inclination to such excess. A woman then may safely be allowed to ride,

provided that she be healthy and that she be content to keep well within her powers, gradually increasing the distance ridden as she becomes more "fit." not ride during the menstrual period, during time of pregnancy, nor for three months at least after her confinement. An exception to this rule occurred within the experience of the writer. A lady, an expert cyclist, was utterly unable to walk during the latter months of her third pregnancy, and with great benefit to her general health rode short easy distances on a tricycle regularly until a day or two before her confinement, which was easy and natural, and the child healthy and well-formed. This is the exception which proves the rule, and should not be taken as a precedent. It must be distinctly understood that anything in the way of racing or speed competition on cycles must be injurious to any woman and should never be allowed. It is also most important that each rider should have a machine properly fitted and adjusted to herself. You can get no good results from walking in ill-fitting boots. Observe these simple rules and it will be found that cycling will mean health to thousands of females.

-British Med. Journal.

CESAREAN SECTION AFTER DEATH.

Hoffman (Centralbl. f. Gynak., No. 50, 1895) was called in consultation last summer about a moribund patient, aged 36, in the eighth month of her fourth pregnancy. She had previously been in good health. Over an hour before Hoffman attended her sudden and violent eclampsia occurred, and deep coma followed. Morphine injections, inhalations of chloroform and ice-bags to the head were tried. Hoffman found the coma complete; an hour after his arrival the breathing ceased and the pulse rapidly disappeared; artificial respiration proved useless. Ten minutes after the last respiration Cesarean section was undertaken. The incision into the

uterus passed through placenta along its whole length. The uterine cavity was then laid open above the placental insertion, close to the fundus, and the fetus delivered. was a male, near 15 inches long. For a few minutes it did not breathe, then respiration set in spontaneously, and it cried out. The child was fed with a spoon, but could only swallow a very little milk. It died when 25 hours old. Hoffman agrees with von Wickel that it is a duty to do Cesarean section under the above circumstances. Of 32 children thus delivered after the mother's death 11 lived over a fortnight. Considering that they must already have shown great resisting power and that after all they were saved, when without operation all the 32 would have been sacrificed, Hoffman holds that similar attempts to save the fetus in future will be more than justifiable.

-Indian Lancet.

LOCAL DAMAGE IN CRIMINAL ABORTION.

(Vierteliahrschrift f. Haberda gerichtlich. Medicin, vol. xcv., 1895) finds that the damage to the soft parts inflicted in criminal attempts at abortion is usually quite charac-This is especially the case teristic. when undertaken by persons not instructed in anatomy or obstetrics. Even an experienced midwife or practitioner is apt to use force, as steps for legitimacy inducing premature labor are slow and methodical, and hence likely to attract too much attention. Haberda finds that the damage to the cervix is usually a groove-shaped rent, whilst depressions are found in the uterus, which sometimes mark a complete perforation. But a long, narrow canal running through the uterine wall is particularly characteristic, indicating, of course, perforation by a pointed instrument. Damage to the vagina is less common. The cervix is occasionally found torn off from its vaginal attachment to the posterior fornix. In one such case a canal, clearly artificial, was found to lead from the torn point on the

surface of the cervix to the internal os. In one case a perforating instrument had been thrust into the urethra and damaged the bladder, causing peritonitis. Another shows the blind violence often used in these criminal proceedings. Perforation of the anterior wall of the rectum, the vagina, bladder and several coils of the small intestine was detected.

—Indian Lancet.

UNCONSCIOUS DELIVERY.

Le Blond (Jour. de Med. de Paris, July 30, 1893) related in July a remarkable case before the Medicolegal Society of Paris. A woman aged 27, who had been seduced and deserted, was seized with slight colicky pain, but continued to work. In the course of the following night she was attacked with still more severe pain. Thinking that an action of the bowels would give relief she sat upon her chamber utensil; on straining a live child was born. This alarmed her greatly, but she cut the cord with scissors, wrapped the infant in a cloth and walked downstairs, telling the people in the house, in fear and trembling, what had happened. Violent flooding set in. The cord had not been tied. Early in the morning Le Blond saw the patient and found the placenta still in the vagina. He extracted it. The mother and child did very well. Had the child died the mother would have been very strongly suspected of murder, especially if she had attempted to defecate in a public privy, in which case the child would almost inevitably been killed.

-British Med. Journal.

TWIN EXTRA-UTERINE PREGNANCY—SUCCESSFUL EXTIR-PATION OF SAC AND CONTENTS AFTER RETENTION OF A FULLY DEVELOPED FETUS FOR FIFTEEN YEARS.

Folet (Ann. de Gyn. et d'Obs., p. 190, 1896) reports the following case: A uniformly hard, dull tumor, devoid of tenderness, movable in its lower part, and reaching four fingers' breadth above the umbilicus, in a

Fleming, aged 49, who could not make herself well understood, was diagnosed as a fibroma, partially calcified, and abdominal hysterectomy decided upon. As soon as the abdomen was opened an edge of bone (one parietal overriding another) was felt through a moderately thick sac of supple tissue, and the diagnosis at once amended to one of extra-uterine pregnancy. The sac did not appear to contain any fluid; it was partially adherent to the abdominal wall, from which it had to be detached with caution; it had many adhesions to the intestines, which were easily separated by the finger, and were evidently the results of recent peritonitis. Only one ligature was required, and the tumor was only retained by its base, when with a circular rent it burst, and five-sixths of the sac came away with the contents, leaving a funnel formed by the remaining sixth attached by its outer surface to the pelvic organs. In the interests of the patient no endeavor was made to determine the exact relation of the sac to its surroundings; the edge of the funnel was fastened by eight silk sutures in the lower part of the abdominal wound, a large drain wrapped in iodoform gauze inserted in the peritoneum, and the remainder of the incision closed. Recovery was perfect. The temperature never rose above 37.5 degrees, and in six weeks the cavity of the cyst was obliterated and the healing complete. The structure of the eyst seemed to show it to be a tubal one. It contained two fetus; one (female) 46 c. cm. in length, with well-formed

nails, had lived to term; it was not, properly speaking, a lithapedion; the tissues, though dense, were supple and nowhere calcified, and on sections of thigh and arm the skin and muscles were recognized by the naked eye and microscope. The other fetus had died about the third month: the thorax and head were much compressed, but could be made out, and the members were distinct. cords of both ended at the lower end of the sac in a single placenta, the degenerated tissue of which was represented by reddish-brown matter like touchwood, and broke into flakes on the slightest traction. Some days after the operation it was ascertained through an interpreter that 16 years previous the woman had become pregnant, having before that had four children at term. She duly quickened, but at nine or ten months had a false labor; blood and membranes came away, and she had hemorrhage for six weeks. As she ceased to feel the movements of the child and nothing further happened, she persuaded herself she had been mistaken and that she had not been pregnant, the more easily because her abdomen diminished a little in size, and her catamenia returned, and continued till she was 46. A doctor whom she consulted two or three years afterward, while giving no definite diagnosis, deprecated any treatment. She was led to apply to Folet on account of repeated attacks of pain during the last year, probably due to the peritonitis which caused the intestinal adhesions.

B. M. J.





CREDE'S ANTISEPTIC (CITRATE OF SILVER—VON HEYDEN) IN GONORRHEA.

BY DR. O. WERLER, BERLIN.

Translated from the Berliner Klinische Wochenschrift, September 14, 1896.

The introduction of the citrate of silver into medical practice must be placed to the credit of Crede; and soon after the publication of his paper on "Silver and the Silver Salts as Surgical and Bacteriological Antiseptics," I began to experiment with them in gonorrhea. The results of these experiments will be detailed at length elsewhere. The drug, which is prepared by the chemical factory of Von Heyden, at Radebeul, has been used for the last six weeks, both in my private practice and in the poliklinik, in at least 50 gonorrhea, acute and cases of chronic; in three cases of gonorrheal urethritis in women, in cases of Bartholinitis gonorrhoica, and in several cases of chronic cystitis. The results obtained have been very favorable. The cases in the poliklinik were treated with the co-operation of Mr. Isaac, medical student, who was assistant in my poliklinik at the time, and he can bear witness to their accuracy both from a diagnostic and a therapeutic point of view.

As regards the technique of application the drug was used both as an injection, done by the patients themselves, and in the form of irrigations made after the Diday method. I also used it in a modified and more practical form of the Janet method, consisting of a lavage of the entire urethral canal with about 300 ccm. (10 ounces) of a lukewarm citrate of silver solution injected through a large nozzle. In acute gonorrheas the patients were ordered a

mild solution (1 to 8000) immediately on entering the poliklinik, according to the following formula:

R. Solut. Argent. Citr. Von Heyden, 0.025:200 gms. (4-10 gr. to 7 ozs.)

D. in vitro flavo.
S.: To be injected into the urethra four times daily.

and this was increased in strength in the course of time until the amount of Citrate of Silver solution reached 0.03 (1-2 grain) to 0.05 (3-4 grain) per 200 gms. (7 ounces). It is very important that the injections be begun as soon as possible after infection has occurred, so as not to give the gonococci time and opportunity to spread over the surface of the mucous membrane and penetrate into its depths.

In all cases that I treated the Citrate of Silver proved to have energetic disinfectant and bactericide properties, even in very weak solutions; and I can therefore recommend it most heartily for the local treatment of the very sensitive ure-

thral mucosa in gonorrhea.

From the standpoint of urology I quite confirm the opinion of its discoverer, that the Citrate of Silver will be an important agent in surgery and bacteriology. Crede deserves our thanks for increasing the number of the silver salts, which seem destined to play so important a part in the future treatment of gonorrhea, by a powerfully gonococciedal yet milder form of the drug.

I can summarize the results of my experiments, so far as this preliminary communication goes, as follows:

1. Citrate of Silver has an intense destructive action on the gonococci.

2. It is well borne by the urethral mucous membrane, and causes no noticeable irritation or increase of the inflammatory symptoms.

3. It acts both energetically and

deeply without causing lesions of the mucosae.

Van Heyden's Citrate of Silver fulfills all the demands that modern scientific medicine makes of a practical antigonorrheal remedy, and it deserves a high rank in the list of the silver salts that may be used in the treatment of that disease.

OBSERVATIONS ON THE USE OF APOLYSIN.

BY DR. G. GREIF, OF SERKO-WITZ.

(Deutsche Medicinische Wochenschrift, Berlin, August 13, 1896.)

"When a severe neuralgia persists" for a long time in spite of appropriate electrical and medicinal treatment, there should be no delay in recommending operative interference in cases where such is possible. More especially in the frontal and intra-orbital neuralgias neurectomy is a comparatively simple operation; and though its failures are by no means rare, in many cases the results have been excellent." (Strumpell, Lehrbuch der speciellen Pathologie und Therapie II, 1, p. 33.) This very cautious opinion of Strumpell's, "though its failures are by no means rare," together with an experience of absence of benefit from operation in trigeminal neuralgia, led me to turn again to internal medication in a case of left-sided intra-orbital neuralgia of twelve years' standing. Nerve stretching had been done in the case, and also simple neurectomy, but entirely without result. was on the point of dividing the nerve close to the ganglion, and the preparations for the operation had already been made, when I decided, as a last resort, to try Apolysin. need not go in detail into the composition and characteristics of this drug, since that has thoroughly been done by Hildebrandt.—(Centralblatt fur innere Medicin, November 9, 1895.)

The patient was a man 39 years old, a sawyer by occupation, with a right dorso-convex kypho-scoliosis, with no hereditary taint, and who had never had any infectious disease. He had suffered since 1883 from neuralgia of the second branch of

the fifth nerve on the left side. Its cause, in the patient's opinion, was taking cold; and no other etiological factor could be found. The left preand molar teeth the left upper jaw had all been removed, though thev were healthy; being looked upon, as is so often the case, as the cause of the pain. The other teeth were in capital condition.

On June 7, 1895, on the afternoon of which day he came to me, I began the treatment in the following manner: at 4, 5 and 7 o'clock he received 1 gram (15 grains) of Apolysin, making 3 grams (45 grains) in all; from June 8 to the 21st, inclusive, he took 1 gram (15 grains) six times daily at three hourly intervals, being grams (24-5 ounces) of the drug; from June 22 to 28, inclusive, 1 gram (15 grains) four times a day at three hourly intervals, being 28.0 grams (1 ounce); from June 29 to August 10, 1 gram (15 grains) twice daily, making 86.0 (almost 3 ounces); in all 201.0 grams (62-3 ounces) of Apolysin.

On the fourth day after beginning the treatment the patient could notice that the Apolysin had diminished the intensity of the pain, and by June 22 the improvement was very marked. After June 29 the attacks became much less frequent; they gradually diminished in number until in August there were only a few of them. By August 11 there was absolute cessation of the pain, which has continued up to the present time.

The treatment demonstrated to me the following facts:

1. Apolysin is well borne, even in large doses and for long periods of time.

2. Patients take it willingly.

3. The intestinal tract is not irritated by the continuous ingestion of large amounts of the drug.

4. The urine remains normal dur-

ing its exhibition.

5. It causes no other disturbances. The freedom for seven months from attacks of pain in so obstinate and protracted a case has caused me to record it, in the hope that Apolysin will be tried by others in similar instances. The large doses that are

required may deter some practitioners from its use; and the criticism may be made that the use of other antineuralgics for two months might have had the same effect. It is, however, just the length of time that the Apolysin can be used, and the large daily doses, up to 6 grams (90 grains) and more in which it may be employed, without the supervention of any toxic symptoms, that are its great advantages over other antineuralgic remedies. Apolysin has no cumulative or poisonous effects.

In hemicrania spastica and hemicrania angio-paralytica also, Apolysin has done me most excellent service. In patients who could take it I prescribed it in the form of dry powder, 1 gram (15 grains) being given as soon as the prodromal symptoms appeared. In many cases the treatened hemicrania was cut short. If it, nevertheless, appeared, I gave a second gram (15 grains) an hour later and, if necessary, a third two hours after that. In this manner I almost always produced the desired effect. My results have been as follows: I have used Apolysin in 64 cases of hemicrania. In only 8 cases was it necessary to administer 3 grams (45 grains). When the Apolysin was given during the aura 1 or 2 grams (15 or 30 grains) was almost without exception sufficient. when treatment was commenced after the attack had begun, and this was the case with most of my cases, in only 8 of them was one powder sufficient to cut short the attack. In the majority of the cases, 48 in all, 2 grams (30 grains) were required; in the rest of them 3 grams (45 grains). I have had the rare experience, perhaps by chance, that Apolysin has not failed me a single time. If the hemicrania began in the evening my patients as a rule accused me next morning of having given them morphine, because they had slept so soundly. I have, indeed, frequently had an idea that Apolysin has a certain narcotic effect. It is worthy of notice that the intervals between the attacks increased in length under the Apolysin treatment, and also that cases that the first time required 3 grams (45 grains) did well

with 2 grams (30 grains) or even 1 gram (15 grains) in subsequent attacks.

ACONITE IN CHILDREN'S DIS-EASES.

Professor Comby, on account of the depressive and sedative effects of aconite, recommends it (Lancet) in all spasmodic states, as asthma, the asthmatic attacks of enlargement of the bronchial glands, whooping cough and similar states, in stridulous laryngitis, palpitation of the heart and convulsions. It is contraindicated in all states of prostration where respiration is impeded and the heart is about to weaken; therefore one should not prescribe it in capillary bronchitis, in bronchopneumonia, pneumonia, in valvular heart affection, in pericarditis and in the collapse of severe forms of infectious diseases. The alcoholic tincture of the root is especially to be used. In adults one may employ aconitine, yet it is an alkaloid which must be given with great circumspection, administering it in doses of a tenth of a milligram, at regular intervals. It should not be used in children's diseases. The tincture of the root is to be given by the drops and never by the grain, and at reguintervals. In a child of two years one may give five to ten drops; one of 5 years, 20 drops in 24 hours, while up to 10 years 30 drops is a proper dose. No great benefit is to be expected from small doses. -Indian Lancet.

PEPTIC PROPERTIES OF PINE-APPLE JUICE.

The digestive ferment of pineapple juice resembles in its action the animal ferments, and is said to be of value in the chronic forms of gastritis and dyspepsia. It is employed also in chronic catarrh of the stomach, fermentative decomposition of food, gastric or intestinal pain in sympathetic nausea and vomiting pregnancy. Bloom, of Philadelphia, reporting his experience with this agent, says: "It can be employed upon the diseased mucous membranes in cases of vaginitis and ton-

sillitis, when the mucus is such a prominent symptom; it acted better than any other local medication; in nasal catarrh, diluted with one-half water and used as a spray, it acted promptly in cleaning out the mucus and seemed to influence for the good the inflamed membrane.

As a remedy for black eye use the tincture or strong infusion of capsicum annuum mixed with an equal bulk of mucilage or gum arabic with the addition of a few drops of glycerine. This should be painted over the bruised surface with a camel's-hair pencil and allowed to dry on, a second and third coating being applied as soon as the first is dry.

-Medical Progress.

TREATMENT OF SICK-HEAD-ACHE.

According to M. Critzman, the most rational treatment of this frequent complaint is the following: 1. The hyperesthesia of the painful region must be diminished by aspersion with seltzer water. 2. Immediately afterward energetic pressure must be made upon the temples, on both sides of the head. In order to compress the blood-vessels, their exact site should be determined. cork is then cut into round pieces, which are applied to the arteries, and a moist gauze bandage is passed around the head several times. 3. A capsule containing the following should be given every two hours:

Four such capsules in all should be given, even though the pain may have completely disappeared. 4. If there is gastric intolerance, which frequently is the case, the above mixture should be give as an enema. This treatment is said to cut short the attack and to relieve both the pain and the nausea.—Presse Med., 1896.

OZONE IN WHOOPING COUGH.

The Bulletin Medical reports twenty-two cases of whooping cough

treated with inhalations of ozone. It acted immediately in diminishing the frequency, the length and severity of paroxysms; it shortened the course of the disease remarkably, and the general health improved at once, although the cases treated were all severely attacked.

INFANTILE ECZEMA.

The first plan to follow in the way of local treatment in this case is to clear the surface of crusts. This is sometimes done by means of a poultice. An oil, an alkaline solution, a mixture of starch or gelatine and various emollients may be employed for this purpose. After the surface has been cleared a preparation containing the oleate of mercury may be applied to the scalp. A good formula will be:

If there is anemia the child should be placed upon the syrup of the iodide of iron in five-drop doses three times a day. Constitutional treatment is of conspicuous service in these cases. Attention must be paid to hygienic requirements. The child's diet must be suitably regulated according to the age. In many cases, the administration of a laxative is the most efficient preliminary to treatment.—Shoemaker.

THE TREATMENT OF SEPTICE-MIA.

Karczewsky reports a case of severe puerperal mastitis, which gave rise to a general infection with very high temperature. This occurred in spite of numerous incisions and free drainage. Staphylococci in numbers were found in the blood. As the patient seemed to be lost without heroic interference the breast was amputated to eliminate the source of infection. Although relative improvement followed the operation, the temperature continued, and examination of the blood revealed staphylococci. As a last resort a Pravaz syringeful of sterilized turpentine oil was injected into the external surface of the right thigh. In seven days the temperature came down to normal. At the seat of the injection an abscess developed, which was incised. Examination of the thick odorless pus revealed no micro-organisms. Complete cure was the final result.—London Med. Times.

DIETETICS IN SKIN DISEASES.

The question of the value of a dietetic regimen in skin affections is one of the controversies of dermatologists. While French physicians agree in forbidding certain foods to those suffering from urticaria, acne, etc., the greater number of foreign practitioners allow them to eat what they wish. In order to get a somewhat exact idea of the part played by food in the cause of dermatoses we must study the immediate and the distant effects. As regards the immediate effects all are in accord. The facts which show that cutani ailments may in a lapse of time ranging from some minutes to 48 hous after their ingestion produce an ervthema, an urticaria or acne, are numerous.

It is known that certain fish are harmful; shellfish, as oysters, and particularly mussels, also the crustacea, smoked and salted meats, cheese, liver, etc., give rise to acne; and fruits may also produce disorders. Alcoholic liquors also belong in the same category. Individual susceptibilities are most curious and unexpected. In cases of skin disease it is necessary to be very particular in regards to the diet.

The remote action of food is denied by most dermatologists, but certain drugs, used for some time, produce eruptions in predisposed

persons, and therefore why not certain articles of food?

If the diet is erroneous, by too much, or too little, by bad quality, non-adaptation to climate in which the individual lives; if badly digested, poorly absorbed, and especially if non-assimilated from improper working of some of the organs, causing an accumulation of more or less toxic product of the system, diseases of the skin may be looked for.

Nervous excitability, due to causes brought about by the manner of living, and also by the use of drugs, as alcohol, cocaine, opium, tea, coffee, etc., does frequently produce disorders of the skin. It is necessary to find out what these causes are and to forbid them. In cases of gout complicated with skin affections, as eczema, the subjects should follow a strict anti-arthritic regimen, and should abstain from all alcoholic drinks, dark meats, coffee; their diet must not be to any great extent nitrogenous. Neuropathic patients also should abstain from the same articles of food. We cannot have an invariable rule in diet, and should not prescribe at random, but should vary the treatment according to (1) the race and nationality of the patient; (2) the country in which he lives; (3) heredity and predisposition; (4) the condition of the system; (5) the mode of living and the locality. There are also distinctions to be made according to the kind of skin disease present. Those calling for strict regulation of diet are the erythemal, urticarious, vaso-motor acne, and pruriginous varieties. Those complicated or forming part of a general dyscrasia require the diet to be regulated from that standpoint.

-Tribune Medicale.





OUR PROFESSOR.

The boys tell the following on our

professor at Madison:

Mrs.—"Yes, the professor is in the laboratory conducting some chemical experiments. The professor expects to go down to posterity."

(From the laboratory)—Br-r-r-fiz

bang!

The Visitor—"I hope the professor hasn't gone."

-Wisconsin Druggist.

SHORTHAND IN MEDICINE.

Those practitioners, says the London Lancet, September 5, who wish to take notes of cases or to record facts in their note books which have been gleaned in readings or by observation, will find in shorthand a means not only to greatly economize time, but will change the laborious task of recording notes in long hand into a work of pleasure. Its use by the student is of equal value. In the lecture theatre, in the demonstration rooms, by the bedside, in the out patients' repartment, and in a variety of other ways the use of shorthand will enable him to record his experience in less time and in a more convenient manner than by the use of longhand and, in addition, the information will be ready to his hand when wanted. There is also another advantage, and this not a small one, which the study of phonography confers. Rightly used it has an educational value of its own. In acquiring any kind of knowledge two of the most important habits to develop are attention and method, and both are developed and strengthened by an intelligent use of phonography. Efforts are being made to induce the General Medical Council to recognize shorthand as an extra optional subject at the preliminary examination, and petitions with that object in view have been presented to the council. Whether the desired object will be attained or not we strongly advise all medical students, if they can find the necessary time, to learn shorthand.

-Medical News.

SOME OF THEM WILL GIVE UP BOTH.

Instead of going away for a vacation this summer, some young men are going to continue making payments on their wheels.

-Somerville Journal.

FROM THE HEALTH STAND-POINT.

Dates, raisins and chocolate tablets are said to be good sustainers of health for a day's ride on a bicycle or long tramp overland. A country physician who finds it hard to be prompt to meals says that he finds the compressed chocolate cakes his food salvation over and over again in the course of the year.

To get a scratch, cut or bruise on the skin is a common occurrence, and in most instances not the slightest attention is paid beyond a temporary annoyance when the hand is put in hot water or stuck on the injured spot. This common practice is by no means a wise one, as in cities the air is full of disease germs, which are apt to enter the blood through the broken skin. It is a good plan to keep a bottle of carbolic acid and glycerine, which is

an excellent disinfectant, to apply

to these slight wounds.

Up to a certain point the memory may be successfully cultivated, but it must not be forgotten that a memory for trifles is cultivated at the expense of the judgment and that a due sense of the proportions of large events is seldom accompanied by a faculty for recalling names, dates and figures. Four fundamental facts to be impressed on those who wish to cultivate their memories are: That our remembrance of anything depends largely upon the force and duration of attention we devote to it: that the habit of attention increases with the acts of attention; that ideas are recalled by ideas which by likeness or contrast suggest them, and that the faculty of remembering is strengthened by the efforts of remembering.

A high medical authority advocates the treatment of bad temper with medicine. He says that the explosions of wrath which occur on slight provocation are the result of a condition produced by an accumulation of small worries, which works the patient up into a state of excitement quite out of proportion to the cause of his anger. Continual physical discomfort will have the same effect. If medicine is given when the unhappy feeling comes on a quieting effect is produced. Some patients have their appetite impaired and nerves ruined not through any illness of their own so much as because of the constant fretfulness and irritability of some member of their family, and in this case if the cross person can be induced to take some of the temper powders the effect will be better than giving a tonic to the person who is run down. -Chicago News.

HOW TO BRIGHTEN FURNI-TURE.

It is not such drudgery as the words imply to "polish, polish, polish," like Turveydrop of old, if the ever-famous elbow grease be supplemented by efficient help.

We all know that the wood of a

piano case always seems to have a brighter polish than the other furniture, and with this fact in mind a famous housekeeper, possessed with Turveydrop's mania, made bold to ask a dealer in musical instruments the secret of the mirror-like glossiness of his wares. His reply was too practical and too useful to be kept for the use of one household, and is given for our readers' benefit, with the assurance that it may be used on the most rare and costly wood, not only without fear of injury, but as a preservative. It is made as follows: To four tablespoonfuls of sweet oil add four of turpentine, a teaspoonful of lemon juice and ten drops of household ammonia. Shake well and it is ready. Care must be taken also to shake each time just before using.

The proper application of this polish is important to insure magical results, and two or three cloths are absolutely necessary. Cheese cloth is excellent, and also old soft silk handkerchiefs and bits of fine flannel. Apply with No. 1 until the wood seems to have absorbed some of the mixture; then rub briskly with No. 2 and finish with No. 3.

A few drops of violet scent added to the polish will do away with the odor of turpentine, which is disliked

by some people.

DOWN WITH THE GERMS.

A correspondent sends up the following copy of verses by an undergraduate convalescent from scarlet fever:

There's a terror more awful than battle or murder.

Than ghosts of our childhood (and even absurder),

Whereat the most stolid of Britishers squirms;

'Tis the terror of germs.

Just look at the fuss and the long quarantining.

Carbolic, and sulphur, and soaking, and cleaning,

And sheets in the doorway! Are Englishmen worms

To be frightened by germs?

(2) 8

Physicians are prating of bad epidemics:

Their victims are wasting a fortune on chemics;

Scholastic authorities wind up their terms

At the prospect of germs.

Shall we tolerate longer inactive endurance?

Can nobody think of a scheme of insurance?

There are fortunes waiting for prosperous firms

Who will rid us of germs.

But I'm weary to death of my incarceration;

Perhaps this is why in this rhythmic oration

I vent my disgust in such eloquent terms

On the subject of germs.

—British Med. Journal.

HINTS FOR THE HOUSEHOLD.

Table mats on which to place hot dishes are no longer used, as the heavy felt undercloth is intended to be sufficient protection for the table, but many housewives have found the top of their handsomely polished tables defaced by the marks made by the hot dishes. If a sheet of asbestos paper is put under the felt cloth the table will not be injured in the least from this cause. At teas or luncheons, when the polished table is used with doilies instead of a cloth, asbestos mats may be covered with prettily embroidered doilies for the hot dishes. One of these mats covered with a doilie, which should be larger than the mat, is much prettier than any teapot stand that can be purchased.

A high stool or chair is of great convenience in a kitchen, as it enables the housewife to sit down when doing work that must be accomplished on a table.

Fancy pipes with large bowls can be made very ornamental by filling the bowls with good earth and setting in them plants like the little Wandering Jew or some easily growing, graceful vines. Hang the pipes by cords or ribbons from brackets or on window frames.

Save all old silk handkerchiefs. Various are the uses they can be put to. They make better dusters for polished wood than anything one can buy. An old white silk handkerchief folded smoothly and laid over a sore caused by lying in bed has been known to give relief and heal it when nothing else would. An English ladies' maid always used a soft sik handkerchief for stroking her mistress' hair, using it night and morning in place of a brush, and with excellent results.

To color woolen goods black use one ounce of extract of logwood and half an ounce of blue vitriol for each pound of cloth. Put the vitriol in water enough to cover the cloth and when they are thoroughly mixed put in the cloth and let it scald 20 minutes. Then take the cloth out and throw it into clear water. Put the logwood into a vessel with sufficient water for the goods, press the water from the cloth and put it into the logwood water and scald it 30 minutes. Then take out the cloth and air well. Meanwhile put the vitriol water into the vessel with the logwood and again put in the cloth and scald it 15 minutes longer. This will prevent the goods when pressed from rubbing off.

It will be of interest to housewives to know that celebrated foreign physicians are recommending the marrow bone for a strengthening diet and tonic. The marrow bone is served upon a piece of hot dry toast. When it is to be eaten the marrow is taken out and spread upon the toast. It is also served upon small portions of fillet of beef, and in this manner is considered a desirable course for luncheon parties.

Dissolve a little salt in the alcohol that is to be used for sponging eloth-

ing, particularly where there greasy spots.

Andirons, lamps, candle lanterns or anything made of the wrought iron now so much used can be freed from dirt by wiping the iron with a cotton cloth slightly dampened with kerosene oil.

MAN.

Man that is born of woman is of few days and full of microbes.

He cometh forth like a flower, but is soon wilted by the winds of adversity and scorched by flames of perplexity.

Sorrow and headache follow him

all the days of his life.

He hoppeth from his bed in the morning and his foot is pierced by the cruel tack of disappointment.

He ploddeth forth to his daily toil and his cuticle is punctured by the

malignant nettles of exhaustion. He sitteth himself down to rest at noonday and is lacerated in his nether anatomy by the pin of disaster.

He walketh through the streets of the city in the pride and glory of his manhood and slippeth on the banana peel of misfortune and unjointeth his neck.

He smoketh the cigar of contentment, but lo, it explodeth with a loud noise, for it was loaded.

Behold he glideth down the banister of life and findeth it strewn with the splinters of torture.

He is stung by the mosquitoes of annoyance by day and his frame is gnawed by the bedbugs of affliction by night.

What is man but the blind worm of fate? Seeing that his days are numbered by cycles of pain and his years by seasons of mourning.

Behold he is impaled upon the hook of desolation, and is swallowed

up by death in the fathomless ocean of time and is remembered no more.

In his infancy he runneth over with worms and colic, and in his old age he groaneth with rheumatism and ingrowing toe-nails.

He marryeth a cross-eyed woman because her father hath a bank account, and findeth that she is ridden with hysteria and believeth in witches.

Behold he runneth for office and the dead beat pulleth him ever and anon and then voteth against him.

He exalteth himself among the people and swelleth with pride, but when the votes are counted he findeth that he was not in it.

He boasteth of his strength in Israel, but is beaten by a bald-headed

man from Taller Creek.

He goeth to the post office glance at the latest papers, and receiveth a dun from the doctor for his last year's attentions.

He goeth forth to breathe the fresh air and to meditate on treachery of all earthly things, and is accosted by a bank cashier with a sight draft for \$127.39.

A political enemy lieth in wait for him at the market place and walketh around him crowing like unto a cock.

He trusteth in a man who claimeth to be filled with righteousness and standeth high in the synagogue, and gets done up.

For behold his pious friend is full of guile and runneth over with deception.

From the cradle to the grave man giveth his alms to him that smiteth him.

His seed multiplyeth around him and cryeth for bread, and if his sons come to honor he knoweth it not.

Fate prevaileth ever against him. What is man but a painful wart on the heel of time?

-From the Medical Brief.





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JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 BETZ BUILDING, PHILADELPHIA, PA.

.....EDITORIAL STAFF

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MEDICAL JURISPRUDENCE OF INSANITY.

BY E. C. MANN, M. D., F. R. S., NEW YORK, N. Y.

The chief practical issues coming within the range of this volume, which are to be decided by medical witnesses, are:

1. Questions of mental soundness or insanity, as affecting questions of responsibility in criminal cases, and

2. The capacity to make a will or

to manage one's affairs.

Our object in this work is to present, as concisely as possible, the application of mental medicine to the purposes of the law. The numerous cases of real or alleged insanity depend for their final settlement mainly, if not exclusively, upon medical testimony.

The role of the physician is to point out to the Judge and jury that is disease and which is not. The whole study of. medical jurisprudence is of the greatest practical value both to the lawyer and the physician.

If in cases determining the valid-

ity of a will or the responsibility of a homicide the Judge and jury were not enlightened by medical testimony, so that law might keep pace with medicine, monstrous wrongs and flagrant injustice would be inflicted in almost every case.

The medical expert, to have his opinions of value, should be a man who has mastered the complex and subtle study of the mental and psychological functions; he should be a man who thoroughly studies each case that is presented to him by the lawyer; he should, to be of value in any given case, be a man who on the witness stand maintains a calm and dignified composure as a witness, and one who cannot be betrayed into heated rejoinders to counsel, and who does not allow his temper to become ruffled. A medical expert should be summoned on the supposition that he is master of the science of legal medicine. If he is, he will in his testimony be neither evasive nor ambiguous, and he will avoid as far as possible the use of all technical words or phrases; neither the Court, counsel nor the jury can possibly understand technical and scientific language, such as would be appropriate in an address before a medical society. Affectation and pedantry are out of place on the witness stand.

The testimony of experts is necessary for the purpose of arriving at truth in certain medico-legal investigations. Such testimony, viz., that of skilled witnesses, is essential to a due observation and appreciation of facts. Such testimony can only deserve its name and fulfill its function when the witness is really skilled, i. e., when he possesses those qualities of mind, that education of habits, and those stores of information which alone can make him a competent observer. It is because medical witnesses have often been unskillful in the particular directions in which their evidence has been taken, that so much! discrepancy has occurred in their statements. Scientific testimony does not fail in the matter of facts, because it is too minute, too cautious or too true; rather because it is wanting in carefulness, precision and minuteness.

They physician's province is to point out the distinction between permissible variations within the range of health and those departures from the common order of life which are inconsistent with the idea of mental health.

To a physician skilled in psychiatry nothing appears more absurd and nothing could possibly be more in conflict with the laws which govern mental disease than the New York code, which lays down that if a man knew the consequences of his conduct and the difference between right and wrong, he must he held legally responsible for crime; vet it happens very often that the insane are well informed upon these points and that sane men are not. sense of a difference between right and wrong, in the general or the abstract, is one of the characteristics of human mental constitution. It

may differ in intensity, in keenness and in force of influence upon conduct. It, however, exists as an essential part of our nature, and in some form or another is present in the most degraded of our species. The application, however, of this sense to particular acts is as variable as are the conditions of human life, and is the product of all kinds of influences—the climatic, hereditary, educational and social. If the sense of right and wrong be destroyed, the individual is less than man; if the sense exists, but its application be erroneous, the individual may be insane, or he may be simply ignorant or prejudiced. It is a part of our nature to recognize the distinctions in the abstract; it is not a part of our nature to determine its particular applications. I have repeatedly seen the insane, not only with a very keen conscience, but actually unhappy with the sense of their responsibility, while sane men are often met with who are not troubled in either of these particulars. The sense is not necessarily absent in the lunatic; its presence is not a proof of sanity.

The great question in criminal trials is whether a man was capable of avoiding the compulsion of disease to crime? Could he help it? Lord Chief Justice Cockburn, of England, and Sir James Fitzjames Stephens, in his "Criminal Law," have taken the broad and liberal ground that where there is loss of self-control, caused by insanity, there is irresponsibility. In Stephens' "Criminal Law," 1883, Vol. II, page 130, we find the following, viz.: "Sanity exists when the brain and the nervous system are in such a condition that the mental functions of feeling and knowing, emotion and willing, can be performed in their regular and usual manner. Insanity means a state in which one or more of the above-named functions is performed in an abnormal manner, or not performed at all, by reason of some disease of the brain or nervous system." This is the most liberal definition that ever emanated from the bench, and such a liberal and progressive spirit is very gratifying to see.

Another very important point, and one which Justice Stephens evidently understand, is this: Morbid states . of the emotions derange the mind, and we not infrequently see the emotional or affective power of the mind markedly affected while the reasoning powers remain unaffected. There is to-day a decided tendency on the part of the progressive men of the legal profession to alter the existing laws, to keep pace with increasing knowledge, while, we regret to say, there is another class of men who have so much professional conservatism that they oppose the law of insanity being brought into reasonable agreement with the knowledge of insanity possessed by physicians.

A strict enforcement of the law will hang many innocent persons.

The more progressive judges all recognize, and from their experience on the bench know, that there are forms of mental disease in which, though the patient is quite aware that he is about to do wrong, the will becomes overpowered by the force of the impulse of the mental disease. This is true of very many of the suicidal cases.

A lady whom I saw in consultation a few years ago, who was a case of suicidal melancholia, told me that she "knew it was wrong to attempt self-destruction; knew that she would be punished hereafter: that the thought of it made her very unhappy, as she realized her responsibility, but she couldn't help the feelings which impelled her to take her own life, or the impulse to do it." Although we cautioned the friends to keep a trained nurse with this patient and impressed the fact of the insanity of the patient upon mind of the friends, she eluded their vigilance finally and took her own life. In such a case, will any lawyer deny that the power of self-control was destroyed by mental disease and that this was an essential element in the question of responsibil-Suppose homicide instead of suicide had been the result of the mental disease, would that have altered the fact of the loss of the power of self-control being an essential element in the question of responsibility?

If when the law speaks of a person laboring under such a defect of reason as not to know the nature and quality of the act he was doing, etc., it means us to understand a calm judgment of the circumstances and consequences of the act, then the Judges should so construe it in their charge to the jury in every criminal case where insanity is alleged by the defense, and counsel for the defense should always request that the Judge should so construe the proposition.

If in any case where emotional insanity proper, or reasoning mania, is the type of mental disease which forms the defense, and the district attorney or the Judge, in his charge to the jury, takes the ground that the effect of insanity, if any, upon the emotions and the will is not to be taken into account in deciding whether an act done by an insane man did or did not amount to an offense, the counsel for the defense should take the ground that the proposition that the effect of disease upon the emotions and the will can never under any circumstances affect the criminality of the acts of persons so afflicted, is false to every medical truth, and is bad law.

Any law is insufficient and bad which lays down propositions diametrically opposed to science or to medical books of recognized authority. The law of America should be, as Sir James Fitzjames Stephens has proposed for England, that no act is a crime if the person who does it is at the time when it is done prevented either by defective mental power or by any disease affecting his mind from controlling his own conduct, unless the absence of the power of control has been produced by his own default; or, as Dr. Bucknill, of England, has suggested as a simplification of Sir James Stephens' bill, "No act is a crime if the person who does it is at the time incapable of not doing it by reason of idiocy or of disease affecting his mind." This is a very needful amendment to our law relating to insanity, and should be in operation in every State of the

Union. It is the law, practically, in Pennsylvania. From my experience in medico-legal trials I consider that there is a pressing need, in cases where the insane prisoner has no friends and no means, for an amendment to our code, which should place rich and poor on the same footing, by providing for an official examination by mental experts of high standing into the prisoner's mental state before the trial. If good examiners were appointed much good would accrue; if incompetent men, the gain to legal medicine would be very problematical. There would be nothing to prevent counsel from calling in the aid of any other experts that they wished, on any given trial, and it would give the friendless insane the services of skilled physicians, who would be remunerated by the county for their services in each case.

We have seen the necessity for expert or scientific evidence. have also seen that medical testimony may fail of its legitimate effect sometimes if it is incomplete and inaccurate, or, on the other hand, if it is complete, accurate and definite it may pass beyond the established lines of legal precedent. Our Judges are generally men of great attainments, keen appreciation and wonderful, habitual fairness. Both Judge and jury must often, we should think, be bewildered by the burden of deciding between experts. Their duty when called upon to weigh expert opinions is not an enviable one, and they are placed in a very delicate position.

The province of the medical expert in any given case is to represent to the counsel engaging him the true scientific value of the fact the latter has to deal with. If a medical man be true in his allegiance to science and to his profession, he will never stultify himself in Court, and his opinions will soon be regarded alike by Court, jury and counsel as reliable and valuable, as he voices science, instead of appearing as a mere partisan witness.

Honest, unbiased, scientific testimony of an expert who is assumed to be a scientific man in his chosen

specialty is conducive at once to the good of the individual, the honor of our profession and the cause of truth.

We would insist upon the importance of the study of medical jurisprudence being pursued by both legal students in the law schools and by medical students in the medical colleges, under competent professors.

Medically, insanity is a disease of the body affecting the mind by deranging its faculties and causing such suspension or impairment of the healthy intellect, the emotions or the will as to render an individual irresponsible.

It might also be defined as a diseased state of mind due to ill health, accompanied by more or less absence of self-control, and impairment in a marked degree of the intellect, the emotions or the will, and showing itself psychically by depression, exaltation or mental weakness, and by disorders of sensation, perception or conception. We regard the former as the better medico-legal definition of the two.

When a criminal case is presented to the lawyer, if mental disease be suspected a physician is consulted to examine the prisoner, give his opinion to the counsel, and if favorable to the latter's view of the case to testify as to the prisoner's irresponsibility. These expert nesses should form their judgments with the greatest care and then express themselves in the plainest terms. We cannot over-estimate the importance of having clear ideas and of expressing them clearly; if the expert witness does this he will be successful. Want of accuracy thought, and of distinctness of expression mars many an expert's opinions given in Court. It should be the duty of the expert to examine the prisoner sufficiently often to thoroughly satisfy himself as to the existence of mental disease. for the defense may be considered especially strong when the insanity of the prisoner can be proved to be hereditary, when there have been previous attacks or when epilepsy is present. In the case of The People vs. Nelly Vanderhoof, recently tried by Counselor Bailey, of New York, the defendant was charged with killing her newly-born babe. Careful examination into the circumstances of the case revealed the fact that the prisoner had suffered from epilepsy from birth, that the family were saturated with the disease. Nelly Vanderhoof was a young unmarried woman suffering from the strong moral shock of seduction and desertion, and the irritable condition of the nervous system produced by epilepsy; she also had, when we first saw her, a considerable degree of uterine derangement. When the writer examined her at the Tombs she had apparently no realizing sense of the enormity of her crime, and the mental tone had become very obviously impaired as the result of epilepsy. After investigating her mental condition we reported to her counsel that she was, in our opinion, irresponsible and that epilepsy was the phase of mental disturbance that prompted the criminal During her past life she had been many times under the dominion of that blind fury so frequently exhibited by epileptics immediately before or after a fit. Her mind was generally so impaired that she was seemingly incapable of controlling the feeblest impulses of passion; she was laboring under a disease which almost invariably impairs the mind; she had a sister demented as a result of the same disease, a resident of one of the New York institutions for the insane; her father was a case of dipsomania; her mother had twice attempted suicide. Such was the prisoner's mental condition and her family history. The trial took place before Judge Van Brunt, in the Supreme Court, New York City, April 9 and 10, 1885. The People were represented by Assistant Direction Aftorney Fellows, who in trying this case deserved great credit for his enlightened and humane views respecting the exculpatory effects of this disease. The prisoner was acquitted, the jury rendering a verdict of "not guilty," on the ground of insanity. Judge Van Brunt delivered a very fair, impartial charge, acknowledging the exculpatory effects of epilepsy.

LEGAL RELATIONS OF EPILEPSY.

Not infrequently the criminal lawyer will become engaged in cases in which epilepsy is the phase of mental disturbance that prompts the criminal act. Upon careful investigation he will generally be able to find epilepsy or insanity existing either in the parents or grandparents of the prisoner. Epilepsy is sufficient alone to produce complete irresponsibility. The mental powers become impaired as the result of epilepsy, and epileptics have the irritable condition of the nervous system produced by this disease. Such persons are prone to be under the dominion of that blind fury generated by the disease, both before, after and between the fits. The mind of epileptics is often so impaired that they are seemingly incapable of controling the feeblest impulses of passion. Epileptics labor under a disease which almost invariably impairs the mind. The brain and nervous system of these persons is apt to be in such a condition that the mental functions of feeling and knowing, emotion and willing are not performed in their regular and usual manner. One or more of the abovenamed functions is performed in an abnormal manner or not performed at all. The outbursts of maniacal fury and destruction and homicidal impulses of epileptics are peculiar, in that the duration of the morbid state is short and its cessation sudden. There is no well-educated physician in any country who does not know that the disease of epilepsy produces a modified responsibility in all the subjects of said disease. In a large number of cases the actual or comparative sanity of patients, for considerable intervals of time, the freedom from irascibility, passion or violence, when removed from circumstances calculated to irritate, render it difficult to place such persons under restraint until an overt act has been committed which necessitates sequestration.

Very often the character of the

mental disturbance, the paroxysmal gust of passion, the blind fury without an adequate cause, indicate the presence of epileptic insanity, and take the place of epileptic fits. Masked epilepsy is indicated by eccentric acts or a sudden paroxysm of violence without a distinct epileptic seizure.

Unmistakable epileptic fits occur at one period of a patient's life, while at another maniacal symptoms take their place. When mental symptoms appear to take the place of a fit there is a transitory epileptic paroxysm. All acts, soon after epileptic fits, are automatic, and the patient is irresponsible.

Elaborate and complex actions may be performed while a patient is unconscious. In different cases there are different degrees of recollection. As in other forms of insanity there may be a motive mixed up with an insane condition.

There may be a motive and calculation in some cases which some rare cases control the misdeeds of epileptics. It is certain that the victim of a disease which takes away from him all control over himself, even when he remains capable of distinguishing between good and evil, cannot be held responsible for acts which he accomplishes without will, and in an automatic, and therefore unconscious, manner. There is no epilepsy without unconsciousness. Epileptic seizures vary in severity from a simple vertigo, scarcely discernible by others, to the most violent convulsive fit, lasting from five minutes to some hours. Anger, fright or any strong moral emotion is very liable to produce a paroxysm. Epilepsy tends almost invariably to destroy the natural soundness mind. A direct, though temporary, effect of the epileptic fit is to leave the mind in a morbidly irritable condition, in which the slightest provocation will derange it entirely. This was precisely the state in which Lucille Yseult Dudley was in when she shot O'Donovan Rossa. She had within a few days had 19 epileptic fits, and the provocation was the news which had arrived from London of the dynamite outrage, of

which she imagined Rossa to be the direct instigator. Her criminal act was the result of the morbid irritability which succeeded the epileptic paroxysm. In epileptics it is not uncommon to observe attacks mania which are often characterized by a high degree of blind fury and ferocity. During the attack the patient is unconscious, so that acts, whatever may be their nature, cannot make him liable to legal punishment. The passionate impulse to kill in masked epilepsy is substituted for ordinary epileptic convulsions. Instead of a convulsion of muscles the patient is seized with a convulsion of ideas. An epileptic convulsion may not occur, but may be represented by sadness, dejection, by sullenness, by ebulitions of rage and ferocity, a mania transitoria, signalized by suicide, homicide and every modification of blind and destruc-tive impulse. The awakening from epileptic stupor may often resolve itself into an outburst of mental derangement, manifested by extreme vehemence, violence and destruc-tiveness. A crime resulting from epileptic psychical phenomena may be accomplished with comparative deliberation, and, as we have before remarked, there may be a motive mixed up with an insane condition. All epileptics are impressionable and excitable, and epileptics' attacks are often replaced by irresistible, homicidal tendencies.

A patient may recognize his impulses as illegal, but irresistible. In epilepsy dreamy mental states and imperative acts appear and disappear with great suddenness. If an epileptic who is a prisoner, having committed some overt act, having premeditated the act, that does not prove that the said prisoner was not insane or that he could control his insane desire. On the contrary, it might be stronger proof of his insanity, that under the circumstances in which he was placed he would do an act from the fearful consequences of which it would be impossible for him to escape. Every day there are examples in insane asylums of insane persons commiting crimes that they have premeditated. Premeditation is no proof of a prisoner's sanity. Epileptics who commit overt acts are very frequently indeed not in a condition to realize the nature and quality of the act they are doing or to know that the act is wrong. Homicide or assault with intent to kill is not criminal, in our opinion, if the person by whom it was committed is, at the time when he commits it, prevented by any disease affecting his mind from controlling his own conduct. person at the time of committing an overt act is suffering from incapacitating weakness or derangement of mind produced by disease, then he It is is insane and irresponsible. very seldom that such facts cannot be elicited if they are present, and trials to-day are seldom unfair. course there are painful exceptions where public prejudice virtually tries and decides a case, but this seldom occurs.

It should be distinctly understood that it is a scientific fact that if an epileptic or a maniac, subject to delusions, conceives a desire to murder, that he will be as incapable of resisting that desire as he has already proven himself incapable of resisting either his fits or his delusions. Delusions of the insane defy the evidence of their own senses, the efforts of their reason, the testimony of their sane neighbors and the remonstrances of their friends; and their impulses always have, and always will, prove just as irresistible when confronted with their knowledge of the distinction between right and wrong and the remonstrances of their consciences. Mental disease does not deprive a man necessarily of the knowledge and consciousness of the law. It is inhuman, unscientific and diametrically opposed to every known psychological law, to only hold the insane man irresponsible for his act if his mind can be shown to be so unconscious of right and wrong that he is incapable of appreciating the law and its requirements.

The lay to-day, in New York State at least, insists upon a test of insanity which every physician of experience, or whose opinions are of any value respecting insanity, says it is impossible to apply.

The jury take their oaths that they will try a given case fairly and impartially upon the evidence; that they can do it without bias or prejudice on account of any opinion which they have formed; that they will try the given criminal case without being affected or influenced on account of any circumstances which surround the criminal transaction; that they will try the case according to the sworn testimony of the witnesses, and that they have no opinion of the law which shall govern said case. It is rarely in a great that each of the gentlemen before entering the jury box has not read accounts of the affair, from which he has formed some impression in referthe criminal transacto tion. Before, however, they enter the jury box they have to state on their oaths that they believe they can lay aside their previously formed opinion, that they can enter the jury box, listen to the evidence and determine the facts anew according to law and the evidence, without being influenced by any previously formed opinion. This duty devolves upon each juryman, and it is a duty he owes to the public, to the prisoner and to his own conscience. The jury should not, on going to the jury room, enter into any hasty or passionate discussion of the questions involved, but coolly and calmly reason one with other, to the end if possible that they may bring their minds to a common conclusion, and in so doing, determine the right in any and every case.

The law in New York, bearing upon the question of insanity is as follows: "A person is not excused from criminal liability as an idiot, lunatic, imbecile or insane person, or of unsound mind, except upon proof that at the time of committing the alleged criminal act he was laboring under such a defect of reason as either not to know the nature and quality of the act he was doing or not to know that the act was wrong."

Medically speaking, the law errs in making the test of responsibility the capacity of the person to distinguish between right and wrong at the time of and in respect to the

act complained of.

The question, according to the present defective law, is, Was the prisoner at the time of committing an overt act in such a state of mind as to know that the deed was unlawful and morally wrong? If he was, then he is responsible. If he was not, then he is not responsible.

The law bearing upon the question of insanity should be codified and amended, and the question should be, Was the prisoner's brain and nervous system in such a condition that the mental functions of feeling and knowing, emotion and willing, could be performed in their regular and usual manner? the man capable of avoiding the compulsion of disease to crime? Could he help it? Was the prisoner prevented, either by defective mental power or by any disease affecting his mind, from controlling his own con-The law should take the broad and liberal ground that where there is loss of self-control, caused by insanity, there is irresponsibility. When this is done then, and only then, will the law of insanity be brought into reasonable agreement with the knowledge possessed physicians.

Every case is to be judged, not by any ordinary standard, but by the change in the person himself. Everyone, therefore, becomes the measure of himself, and we are to inquire what the individual was, and what he has become, through disordered conditions of the brain. A medicolegal point of great importance, which cannot be too strongly insisted upon by lawyers in every criminal case where insanity is alleged, is this: That the instability of nerve element implied in heredity, has a positive influence and is a definite power. It is an important point to bring out in some cases, that a man may be in a condition bordering on insanity, and by exciting causes be drifted over to the insanity side.

On the question of change of character in a person accused of overt acts, and whose insanity is alleged, I would call the attention of the

legal profession to the statement in Bucknill's "Essay on Lunacy," page 33: "A change, therefore, with impairment or perturbation of function is the chief test of cerebro-mental disease. It may take the same direction as the original character; and persons naturally timid or daring, cautious or reckless, generous or selfish, may have their natural bias of mind quickly developed in excess; or the change may reverse the character, and the patient may exhibit a striking contrast to his former self, or may take some strange direction which no one could guess at beforehand. Nothing can appear more wayward and uncertain than the direction which insanity takes in its development." That the insane act from motives, as the sane do, and that they are moved by fear, revenge, hatred and jealousy, is well illustrated in the case of Renshaw, who, entertaining a feeling of bitterness against Dr. Gray, Superintendent of the Insane Asylum, at Utica, armed himself with four pistols, several pounds of cartridges bowie-knife, put on his feet rubber boots, that he might make no noise. and stole noiselessly along the hall to Dr. Gray's office, deliberately discharged his pistol at the doctor's head, the ball penetrating his face, and turned and fled. In a short time he went voluntarily to the jail and delivered himself up. The possession or sight of a deadly weapon often sugests to the insane the commission of an act of violence.

In every case which the lawyer tries, where insanity is alleged as a defense for crime, the attorney should request the Judge to instruct the jury, in the language of Chief Justice Perley, of New Hampshire, in case of State vs Pike, 49 New Hampshire, 399 (1870), when he said: "That if the killing was the offspring or product of mental disease in the defendant, the verdict should be 'Not guilty, by reason of insanity."

The lawyer should be equally instructed with the physician, as to what sort of an examination his client, if insanity is advanced as a plea in a criminal case, should have in order that the fact of mental un-

soundness may be elicited, if it exists. There are what physicians call premonitory symptoms of mental unsoundness. There is altered health, altered or perverted sensations, in some cases loss if muscular power, sleeplessness very frequently, excessive irritability, alterations of temper, excitability, tendency to

laugh or cry, suspiciousness without adequate cause, unreasonable likes and dislikes, sometimes intense egotism, loss of memory, confusion of ideas, inability to think, write or speak connectedly, alteration in manner of speaking, and other changes in the intellect, emotions or behavior.

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Owing to failure of Manuscript to reach us in season for this issue, this will be continued in our next.—Ed.)



IS TRIONAL A USEFUL HYPNOTIC, AND DOES IT POSSESS ANY ADVANTAGES OVER SULFONAL?

By Prof. J. Von Mering, Halle.

(Continued from last number.)

In order to arrive at an understanding of the action of a drug, as well as its by-effects, it is always necessary to study its effects upon the individual organs and the changes which the drug undergoes in the course of its assimilation. Trional exerts no injurious influence upon the intestinal tract. Nor does it injure the kidneys (Bakofen and v. Hahlden.)

It has been given in many cases of cardiac disease without the appearance of any unpleasant complica-

tions.

According to Vanderlinden and DeBuck, it does not affect the red blood corpuscles. They found that the disulfones, sulfonal, trional and tetronal, first caused hypoleucocytosis, and subsequently a hyperleucocytosis. Accompanying this, a diuretic effect is noted in animals. The disulfones are not blood poisons. As far as present experiments go, there is no action upon the other organs. As regards the changes which it undergoes within the body all that is positively known is that trional is more readily and completely decomposed than sulfonal. The products of its decomposition are, according to Smith, Baumann and Kast, sulphur acids; but, although this theory has all the probabilities in its favor, it has not as yet been possible to demonstrate these products by any direct method. some minds these unverified facts constitute the only argument against the continued use of the disulphones. But there are many other reasons for attributing the occasional appearance of hematoporphyrinuria to

the acidifying effect of the ultimate products of sulfonal.

The explanation seems especially plausible because in all cases of hematoporphyrinuria the reaction of the urine has been strongly acid. This view is further confirmed by the observation of G. Mueller, of Graz, that this condition rapidly disappears under the use of alkalies.

These two points, the acidifying action and whether hematoporphyrinuria is a result of the continued use of sulfonal, seem to me to be those which most urgently require to be settled. In connection with my own investigations a decision of the question whether there is an acidifying action accompanying the administration of trional, and whether hematoporphyrinuria is a direct result of its continuous administration, is of the highest importance. Gaethgens has already shown that 15 gm. of free sulphuric acid in suitable dilution may be given in the course of three days to a dog weighing 20 kilos without causing any ill-effect. And Kast reports that ethyl-sulphuric acid to the amount of 16 gm. in four days may be administered to a dog weighing 14 kilos. without producing hematoporphyrinuria. H. Ehrlich has also proved that the continuous administration of sulfonal is not ordinarily competent to cause this condition, basing his opinion on a series of experiments made with human subjects. As a result of 64 trials he comes to the conclusion that a negative answer must be given to the question whether hematoporphyrinuria is often or ever frequently asso-

ciated with the use of sulfonal. In view of the close chemical relationship between sulfonal and trional the cause of the hematoporphyrinuria in either case must have the same fundamental explanation; at the most the difference can only be quantitative. Experience has taught that in the use of trional the occurrence of this condition cannot be absolutely excluded, while with sulfonal the phenomenon is, as we all know, more frequently observed. According to Mayser, we must seek the explanation of hematoporphyrinuria in conditions which play no part in the normal course of the hypnotic action of disulfone group. Mayser emphasizes the fact hematoporphyrinuria. the general manifestations which accompany it, is not a quantitative rise in the organic processes associated with the hypnotic activity of trional, but depends on a qualitative and essentially different set of conditions. These conditions are brought about by the reaction between full doses of the drug and the special idiosyncrasy and resisting power of the individual. And this relatively rare coincidence accounts for the fact that agents perfectly harmless in themselves in their action on the blood may, in certain exceptional cases and under certain predisposing circumstances, lead to hematoporphyrinuria.

There are two ways in which such a determination may be made:

1. The acidifying effect may be announced by a decrease in the alkalinity of the blood.

2. The increased production of acid produces in man and the carnivora an increased excretion of ammonia.

Mayser has made some investigations concerning the first of these, from which it appears that the alkalinity of the blood is not diminished by hypnotic doses of trional. Dr. Gieseler has undertaken, at my request, to investigate the second, by estimating the excretion of ammonia before, during and after the administration of trional. The first experiment was made on his own person, having established a nitrogenous equilibrium by a mixed diet.

The nitrogen in the urine was estimated after the method of Kjeldahl, and the ammonia according to Schloesing. The following table gives the value arrived at:

		Nitro- Am-				
Day	Vol. of Urine	Remarks.			gen. m	onia.
8	1070				16.77	0.60
9	1000	Trional	3.0	Gm.	16.24	0.72
10	1100	Trional	2.0	Gm.	16.80	0.68
11	1050				16.17	0.58
12	1335				16.07	0.72
13	1250				17.29	0.53

Gieseler then made the following experiment on an animal: A dog weighing 30 kilos was kept without food for two days, and then fed for one week on 100 gm. of meat and 50 gm. of fat daily. Beginning with the third day the excretion of ammonia in the urine was estimated. The following table gives the results:

	Vol. of Urine.	Remarks.	Ammonia,
3	245		0.07
4	185		0.62
5	230	6.0 Gm. Trional	0.64
6	210		0.68
7	235		0.61
7	235		

Therefore the above experiments show that trional even in large doses causes no increase in the quantity of ammonia in the urine.

If any conclusion is to be drawn it follows, both from the experiments of Mayser and from those of Giesler, that, upon the whole, no marked production of acid results from the use of trional. This is an important objection to the theory of Baumann, Kast and Smith that the ultimate products of the disulfones are sulphur acids which are excreted in the urine.

It seems to me in the highest degree desirable that a new series of investigations into the excretion products after the ingestion of sulfonal and trional should be undertaken. If sulphur acids really arise in the progress of their decomposition they may not be excreted as such, but may possibly be found as amide derivatives in the urine. In the meantime the notion that during the action of trional the formation of acid is to be considered is essentially discredited.

The belief that acidification is not the prime cause of hematoporphyrinuria is moreover in harmony with experiments which have been performed on dogs in which the conditions for the production of this condition not only by the long-continued administration of sulfonal, but by the simultaneous giving of free sulphuric acid and an insufficient diet are highly favorable. A wellnourished dog weighing eight kilos received for four weeks a daily allowance of 250 C. C. of milk, and in addition 0.25 gm. sulfonal and 0.1 of sulphuric acid. During this period his weight fell to five kilos.; the animal seemed emaciated to the last degree, could scarcely keep on his feet and walked very unsteadily. Throughout all this time the urine remained bright yellow and from hematoporphyrin. The was then given 500 C. C. of milk and 100 gm. of dog cakes daily, while the sulfonal and sulphuric acid was continued in the same doses.

After four weeks the body weight had reached 6.5 kilos and the animal had become more lively and strong-In the succeeding four weeks, the medication being continued, the animal had regained his original weight. Subsequently the weight rose gradually to over 9 kilos. ter the dog had taken sulfonal and sulphuric acid in the above quantity for a year, his weight being kilos., he received 0.5 gm. sulfonal and 0.1 sulphuric acid daily for two months. He now slept off and on during the daytime, which had not been the case previously. The experiment was terminated after the animal had taken in the course of 484 days 140 gm. of sulfonal and also 48.4 gm. of sulphuric acid, without the appearance at any time of the least trace of hematoporphyrinuria in the urine. No disturbance of the general health was noticed. Such large doses have never been given to a human subject for so prolonged a period. Several experiments on dogs were made with trional. Of these I will report briefly only two.

A dog weighing seven kilos received daily for ten months 100 gm. of dog cakes, 125 gm. of meat, 1-2 litre of milk, and 0.25 gm. of trional. The animal was somnolent at times, but otherwise presented no symptoms; the weight was not influenced,

the urine was always of a bright yellow color and free from hematoporphyrin.

A dog weighing 12 kilos on mixed diet received daily for six weeks 1.0 gm. of trional and 0.15 gm. of free sulphuric acid, without any

kind of change in the urine.

After I had failed in producing hematoporphyrinuria in dogs Stockvis (Zeitschrift f. klin. Medicin. Bd. xxviii) announced that rabbits fed for several days with sulfonal (0.4) -0.6 gm. pro kilo.) excreted hematoporphyrin in the urine. I therefore experimented with a large number of these animals, giving them for long periods, large, medium and small doses both of sulfonal and trional, administered in the shape of an emulsion. Some of the rabbits received in addition 0.1 gm. pro kilo. of hydrochloric acid diluted with water daily. In only one out of 60 experiments did I observe hematoporphyrinuria, and then in the case of a rabbit weighing two kilos after it had received on three alternate days 2 gm. of sulfonal without the addition of hydrochloric acid. In none of the other animals did this condition occur.

In view of the statements of Stockvis in October of the previous year a few animals weighing two kilos. received on alternate days for two weeks 1.0 gm. of either sulfonal or trional, and 5 C. C. of defibrinated blood, but the urine in these cases, too, remained a bright yellow color and free from hematoporphyrin.

All these experiments on animals show us that we cannot produce hematoporphyrinuria intentionally, not even under conditions in which the nutrition is depressed, nor yet when acids are administered. My experiments also show that (1) Stockvis is in error in supposing that the hematoporphyrin is formed from blood which has been set free into the stomach and intestines. If such were the case I should have obtained this symptom in the animals which received blood and sulfonal or trional simultaneously. In the rabbits hemorrhages were frequently found in the gastric mucous membrane, as Stockvis has noted, but they have nothing to do with the action of the disulfones. They are found, as every experimental physiologist and pathologist knows, with unusual frequency in rabbits which have been kept on a monotonous or insufficient diet, and take place specially during the dying struggle. In dogs even after large and long-continued doses of sulfonal or trional no hemorrhages are found in the gastric mucous membrane.

In spite of all these investigations we have not arrived at any explanation of the occurrence of hematoporphyrinuria. We can only say that it is not regarded as a direct effect of the administration of sulfonal or trional. It may be garded as proven that in the human subject it is more casily produced by the long-continued use of sulfonal than after the use of trional, and that when it does appear other factors must always co-operate; such as deficient nutrition, pre-existing depreciation of the general system or some other factors as yet known.

Whether hematoporphyrinuria after sulfonal can under all circumstances be avoided by the precautionary measures suggested by Kast and others must be considered doubtful in the light of the experience before us. With trional which undergoes a prompt and complete conversion within the system, the danger of the appearance of hematoporphyrinuria in the human subject, although not fully excluded, is apparently much smaller than in the case of sulfonal. Indeed I have no doubt that with the exercise of a little caution it can be surely

If it is true that the occurrence of hematoporphyrinuria after the taking of sulfonal or trional is favored by a depreciated vitality of the individual and poor nutritive conditions, it is of especial importance to ascertain whether the nutrition is affected by the drug itself. Some investigations in this direction have been undertaken by Smith, Schau-

mann and Hahn, but the results have not harmonized. While Smith and Schaumann, on the basis of experiments conducted on animals and upon their own persons, have concluded that neither sulfonal nor trional exert any detrimental influence upon the albumenoid tissues of the body, Hahn in one case noted a marked rise in the excretion of nitrogen and in another case was not able to detect any such effect. In order to form a conclusive judgment as to whether trional effects the rate of destruction of albumen, I have had Dr. Gieseler make some tests on his own person after having established a state of equilibrium as regards nitrogen by a suitable diet. The body weight (68 kilos) remained constant throughout the test. The following table shows the results:

Day.	Vol of Urine. 1200	Remarks.	Phosphoric Nitrogen Acid. 17.03 2.6
$\frac{1}{2}$	995		16.46 2.7
4	1040 990		16.88 2.5
5	1065		16.43 2.6 17.29 2.5
6	1005	3. O. Gm. Trional	17.10 2.5
7	905		16.21 2.6
8	1070		16.77 1.9
9	1000	0 0 0	16.24 2.3
10	1100	3. O. Gm. Trional	16.80 2.7
11	1050	2. O. Gm. Trional	
12 13	1335		16.07 1.9
19	1250		17.29 2.3

The results of this experiment are in harmony with Smith and Schaumann that the nutrition is not influenced when the diet is insufficient. In this respect lies a distinction between this substance and chloral-hydrate on the one hand, and amylene-hydrate on the other. The disulfones occupy, so to speak, a mid sulfones occupy, so to speak, a mid position, chloral-hydrate producing a marked increase, while amylene-hydrate causes a remarkable diminution of the nitrogenous waste.

As no observations had hitherto been made on the influence of the disulfones on the respiration, I made two experiments on a healthy man. On the first occasion he received 2.0 gm. of trional and some days later 2.0 gm. of sulfonal. Both agents at first lowered the rate of gaseous interchange somewhat below the normal, diminishing simultaneously the absorption of oxygen and the elimination of carbonic acid to a slight extent. The respiratory combustion was, however, restored

⁽¹⁾ Stockvis has meanwhile recognized the fact that his idea is not well founded.

quite to the normal before the hypnotic action ceased. In the first stage of the action of the sulfonal the breathing was quite irregular. Series of quite superficial respirations were interrupted by some very deep ones. (Compare the similar observations of Mosso with chloral-hydrate and morphine.) None of this irregularity was noticed in the

experiment with trional.

Even if trional does not unfavorably influence the respiration, the tissue changes and definite organs this does not prove that it is the long-sought-for Ideal hypnotic. In my opinion there is no such ideal hypnotic, and it will indeed be difficult to find such in the future. Of the hypnotic and sedative drugs now at hand it may be safely said that for the greater number of the cases to which they are appropriate trional will be awarded the first place. On the basis of physiological and clinical observations we are justified in giving trional the preference over sulfonal. It possesses the advantages which are universally ascribed to sulfonal, and some of them in a higher degree. The complications and after effects of trional

usually are lighter in degree, and by the exercise of a little caution can be avoided as far as any practical importance is concerned. A continuous protracted daily administration of trional should be abandoned; it is almost always superfluous. If a continuous sedative is needed the administration of trional should be varied by the use of other hypnotics, for example amylene-hydrate, chloral-hydrate or chloral-In my experience amid. dose is often too high, Beyer has emphasized. When there is a protracted effect and somnolence on the following day it is a signficant indication that the subsequent treatment with trional should be carried out with smaller doses. I prescribe trional in by far the great majority of cases in doses of 1.0 gm., and as a rule this is quite sufficient. If it is necessary to increase the amount there is often a brilliant result by increasing it merely 0.25 gm. That there are cases which require 2.0 gm. I will not deny, but they are, however, very rare. a temporary suspension of the medication is much more necessary in the case of large doses than with smaller ones is self-evident.



STRANGULATED INGUINAL HERNIA IN A YOUNG INFANT—OPERATION—RECOVERY.

BY F. S. PARSONS, M. D., BOSTON, MASS.

Editor of the "Medical Times and Register."

The clinical aspect of this case is interesting on account of the age of the patient, in whom a strangulated inguinal hernia occurred, the baby being six weeks and six days old at

date of operation.

From birth of the child the parents had experienced considerable difficulty in correcting his feeding, which was artificial, on account of the small amount of breast milk which the mother had. Constipation alternated with diarrhea for several weeks and the stools had been of a muddy green color.

The accouchement was performed by Dr. H. C. Towle, of Dorchester, Mass., and on account of his illness the case came to me about the middle of the sixth week after the birth

of the child.

The baby had worn the usual flannel binder that nurses use on the majority of infants and which, if pinned tightly, will cause undue pressure from crying and straining to bear upon the inguinal rings by not allowing natural expansion of the abdominal walls. This is a vital point in the causation of inguinal hernia in young infants, as I contended some years back in a former article.

The immediate symptoms of this case pointed more to gastro-intestinal disturbance from an incorrect diet than anything else, and a day or two was spent after the case came to me in an attempted regulation of the feeding. Constipation was so bad, however, that one evening I gave a half grain of calomel, which I was surprised to find had not operated on my visit at noon the fol-

lowing day. There was very little, if any, actual vomiting, and up to this time I had not ordered the baby stripped for thorough examination, and had not mistrusted hernia from the symptoms.

An examination was made at this point with the result of finding a good sized right inguinal hernia, with the gut completely prolapsed into the scrotal sac. Reductions by taxis failed, and operation was advised immediately, which was consented to by the parents when the dangers of the condition were explained. The operation was performed by Dr. Albert H. Tuttle, of Cambridge, Mass., with my personal assistance.

A few whiffs of ether were given the baby until he became insensible to pain and then suspended until he showed signs of sensibility, when it was cautiously readministered.

An incision was made over the tumor along the line of the spermatic cord, through the skin and subcutaneous tissue to the peritoneal fold, which was carefully dissected up. The gut presented the black color of venous stasis and was tightly constricted by the external inguinal ring. Fortunately gangrene had not yet set in, but would evidently have done so in a few hours more. The loop of gut was filled with fecal matter.

The ring was incised sufficiently to allow everything to slip back into the abdominal cavity, which required no little skill and manipulation in this case. The sac and ring were closed with kangaroo tendon, and afterward the skin wound closed with

buried suture. The child rallied well from the ether and had a copious movement of the bowels about two hours afterward, doubtless the action of the calomel given the night before.

The following day some swelling occurred along the line of incision, which afterward resolved, and the baby has made an uninterrupted recovery.

This is probably the youngest successful inguinal hernia operation

ever reported.

Dr. H. O. Marcy, of Cambridge, reported a case at two months of age of similar occurrence. Dr. A. H. Tuttle reported a case operated upon by him at the age of three months,

and Dr. G. W. Jones reported one done at the age of four months.

The points to be borne in mind from these cases are that close inspection should be made frequently in cases of intestinal disturbance in very young infants, and the abdominal binder, as a binder, condemned.

The excuses for binders usually given are that they strengthen the back and retain the umbilical dressing. The first of these excuses is a lame one, as the back is sufficiently strong for ordinary handling of infants, and the second can be overcome by the use of a strip of adhesive plaster as recommended by myself some years ago.

-367 Adams street, Dorchester, Mass.



FERRATIN IN ANEMIA.

ERNEST B. SANGREE, A. M., M. D.

Professor of Pathology and Bacteriology. Medical Department Vanderbilt University, Nashville, Tenn.

"Here is a patient who needs iron; shall we give him a crowbar?" This curious interrogatory to a new class upon the entrance of an anemic patient have I occasionally heard from a highly intelligent and philosophical old teacher of my student days, who is now gone into the vast unknown to see and talk with Socrates, Plato and Aristotle, about whom he used so lovingly to discourse—

requiescat! After the class had laughed at what they considered this absurd sally would he by a few well-turned sentences show them that just what the man needed was a crowbar, but not exactly in that form. If the truly educated and accomplished physician, he would continue, were so placed that he had a patient in need of iron and had nothing in the way of iron but a crowbar and some medium in which to dissolve a portion of it, he could treat the patient with a fair amount of satisfaction.

Some of the crude iron mixtures of the past were little better than the dissolved crowbar, and while as a dernier resort such may be used when we can get no others, we should where possible give such iron preparations as will be most quickly assimilated into the organism and will cause the least annoyance and friction in the process.

There is hardly another function of the body so momentarily important to the welfare of the whole as that of the oxygenation of the blood. Every one of the myriad cells is constantly crying for oxygen, and though there may be an abundance of oxygen in the air and plenty of

blood corpuscles circulating through the lump, if the little gas porters are wanting in hemoglobin, they are compelled to rush by without their load of fuel for the tissues. Thus the entire organism is starved, growth, cell reproduction and metabolism interfered with and the body begins to show objective and subjective signs of lack of nutrition and vitality. Now it has long been known that the amount of iron in the body is extremely small, but small as it is the difficulty in these anemic cases has been to persuade the corpuscles to take up the iron that is so copiously poured in. On account probably of greatly weakened powers of metabolism that part of the organism whose duty it is to attend to the transformation of the metal iron into the living hemoglobin finds itself unable to perform the complicated chemical changes required, and is compelled to see the iron pass by and out the system so badly needing it. Here where the present generation of doctors have to thank skillful chemists of to-day. They have analyzed the organic iron and have synthetically produced a similar preparation which should consequently be taken up by the system without any of that coyness usually exhibited.

Of the different iron preparations that have lately appeared, I have had the most satisfaction with ferratin. Its chemical formula is similar to that of the organized iron found in the liver of the pig. Since we are physically and physiologically, as well as sometimes also morally and intellectually,

very like our humble porcine congener, it is reasoned that his iron will doubtless be the thing for us. My experience bears out this

sumption.

I have in mind in particular the case of a young girl of 18 with very marked anemia. The hemaglobin was only 50 per cent. and she was, and steadily had been, going down hill for the previous year and a half. She had lost greatly in weight, was subject to such attacks of lightheadedness as semi-fainting that she had finally been compelled to abandon a light, sedentary occupation and stay at home. She was a sufferer also from a most obstinate constipation, which had probably been the cause of the anemia in the first place. From several different doctors during this period of a year and a half she had been taking medicine and as her case was so obviously one of anemia it is safe to say that she took a good deal of iron. She grew steadily worse, however, until I put

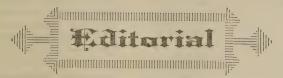
her on ferratin. The improvement was immediate. The percentage of hemaglobin steadily increased and she changed rapidly for the better, both subjectively and objectively. I gave her medicine also, of course, for the constipation, just as the others had, but without any good result in that direction.

This condition remained as bad as ever until I finally persuaded her to allow me to stretch the sphincters and to remove with the cautery a ring of large hemorrhoids, after which operation the constipation

gradually yielded.

I have used ferratin in a large number of other cases that seemed to me to need iron, and uniformly with good result. The particular points of excellence with regard to this preparation are: First, that it does not constipate, it is easily assimilated by a debilitated organism; it does not disturb digestion, is not disagreeable to take and does not discolor or injure the teeth, and finally it really is iron.





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MEDICAL MISSIONS AND UNITY OF ACTION IN THE MEDICAL PROFESSION.

Those of the practical profession, familiar with the present status of things medical in the Orient, have watched with eager interest the outcome of Dr. Bahadurji's late mission to England, as an envoy and distinguished representative of the medi-

cal profession of India.

It seems that for some years England has had a monopoly of all the appointments, civil as well as military, in her Indian possessions, that indigenous study, medical training and medical practice have been systematically opposed, if not positively hindered by the "government." For a long time native candidates for a medical degree had to make a long and tedious voyage into a foreign country, among a strange people, at a great disadvantage and expense. But in time, in Bombay and Calcutta medical schools were opened—the latest, one which prom-

ises a brilliant future, in the latter city—much to the chagrin and disappointment of many who hoped to keep the "natives" in the mire.

With an ample equipment of several of Briton's most eminent practitioners and a generous addition of the home article organized for medical teaching and the equipment of young native candidates, a growing conviction has been forced on the local profession that the time had come when medical autonomy of the empire should be demanded; when the oppressive custom of permitting military medical officers to do civil practice, and occupy civil positions to the detriment, or entire exclusion of the native element equally qualified, should end. With this object in view the Indian-Lancet was launched; a medical journal, second to scarcely any other, except the two great London weeklies, to agitate

and advocate the rights of the Indian profession; and next, the entire profession was very judiciously welded into one compact body, an organization well worthy of India. But things dragged on and nothing was done, until finally it was decided to "carry the war into Africa," and send a representative direct into England and place the whole situation before the British Medical Association; which task was ably performed by Dr. Bahadurji, at its late meeting; and we are pleased to note that the great heart of liberty-loving old England is in its right place and every courtesy and consideration were given to its honored guest, with an assurance that he and the profession which he represented in his native land might depend on its efforts to secure for them full justice.

But why should the profession of one country concern itself about that of another, as it is only "a local affair?" We answer that the aims and purposes of the profession of the world over are catholic, and what concerns one part of it concerns all. Medical science knows

no sect or race, and its future progress, and hopes can never be fully realized except by loyal, concerted action the world over; defense of the right and annihilation of the wrong being its watchword. Russia with all her territorial possessions and resources was compelled to revoke her mandate in relation to certain provisions for the next International Medical Congress, when the medical profession as with one voice demanded that there be no sectarian distinctions permitted in the choice of delegates; that the guests should be entertained, Jews and Gentiles alike, or there should be no Congress. And so it should be, for with unity, loyalty and concert of action the medical profession commands a force which must be respected.

And, therefore, in accordance with this view we earnestly believe that in the near future England may have something more than a "military hold" on India, and extend to her entire practitioners all the privileges and advantages enjoyed by her Canadian, Australian and other colonists, and which justly belongs to them.





EXPERIENCE WITH THE GALVANO-CAUTERY.

By W. J. Corcoran, M. D.

A paper published by Dr. John Byrne, in the October number of the American Journal of Obstetrics, recorded a case in which vaginal hysterectomy was successfully performed by means of the galvano-cautery knife. Since the appearance of that paper, which has excited no little interest, I have been asked so many questions on the subject by those who knew of my connection with the operation, and my long experience in cautery work, and the amount of misinformation displayed by many of those questions has been so great that I thought I could not better utilize the privilege accorded me this evening than by giving my experience with the galvano-cautery as applied to surgical work. That experience began in a way which well illustrates one of the reasons for the divergence of views concerning this agent, so ably employed by its author, and so aptly advocated by him with the logic of figures and recorded results, and which, it must yet be confessed, has not received the frank endorsement of the profession, and in some instances has been positively condemned. I own to being an enthusiast on the subject and

my remarks must be subject to criticism on that account.

With the many opportunities I have had for observing and performing the operation; for conducting the after-care of the patients, and in many cases happily being able to follow their future history, it could hardly be otherwise, yet I hope from the same conjuction of circumstances to be able to give some reason for the faith that is in me.

While a medical student in New York I was present at an operation

performed for uterine cancer, in accordance, as it was claimed, with Byrne's method. The operator attacked the diseased tissue with the cautery, while the gentleman who manipulated the battery, knowing nothing of what was going on in the vagina, simply pumped up heat to the best of his ability until the battery boiled over. The curette was used while the operator's back was almost turned to the patient as he addressed the students, and the alleged Byrne operation was finished with the Paquelin. The patient was conveyed through devious ways

to a waiting carriage, and removed

over the pavements to a neighboring

hotel. Despite the pressure of tampons maintained by relays of students for 24 hours, she succumbed to hemorrhage. Directly afterward I received my appointment to St. Mary's Hospital, and the very first operation was for uterine cancer by galvano-cautery. It is hardly necessary for me, before you, gentlemen, who have yourselves witnessed what I saw there, to dilate upon the differences in the two operations. The slow careful dissection, the careful management of the heat, the assistant never taking his eye from the knife; but maintaining a uniform heat, leaving the operator free to attend solely to its application, the thorough cauterization of the dry stump, all this satisfactorily explained to me why one patient died and the other never had a bad symptom. The logic of the condemnation of the operation expressed in the one case and its ardent advocay in the other need no comment. Since then, either as assistant or operator, I have been concerned in not less than 500 cases, and I know no death chargeable to the operation, and of but two even remotely connected with it.

While I have had the opportunity of personally observing the results in a number of these cases through periods varying from one to twelve years, I do not attempt to give exact figures, for the labor involved is large, and at the same time unnecessary, as they have already been published in the statistics presented by Dr. Byrne. These statistics give results superior to those of any other operation performed for uterine cancer in the ultimate benefit to the patient, while the primary mortality is nil. In the very large number of hysterectomies, vaginal and abdominal, performed in late years, the mortality of the operation in expert hands, i. e. of men who number their cases in the hundreds, has been reduced to a remarkable low percent-But, when we come to question the ultimate result to the patient, the one most concerned and whose final benefit should be the end of all our efforts, we at once begin to stumble in darkness and doubt, and very little reliable data can be obtained. If the operation is completed and the patient survives, she is discharged well. It is then her business to remain well, and whether she does so or not seems to be a matter of complete indifference to the operator; she is marked "cured" in his list, and that for him is the end

of the chapter.

Whether such carelessness in observing and recording the real results of operation may have concealed a considerable extension of life to these patients or not, the fact remains that the published statistics do not show an average prolongation of life much beyond what would be the natural period of the disease were it left to pursue its course unchecked, and we do know that that period is often distinctly shortened. Such are not the results of excision by galvano-cautery. The patient is never worse for the operation, and the average subsequent duration of life shows a decided gain. pendent of actual recorded facts. there are good reasons why this should be so, as I will endeavor to

explain.

In operating for malignant disease our line of excision is always in sound tissue. In using the cautery, the same rule holds good; we travel if possible through normal structure. It is not always possible to be sure that we are beyond the limits of the disease, and germs of malignancy may lie unrecognized in the path of the knife, to be aroused to increased life and more rapid growth by the traumatism of the operation. this respect the cautery gives us a tremendous advantage, which more than compensates for the loss of primary union. It not only destroys where it touches, but the influence of the galvanic current extends far beyond the point of immediate contact, and influences cell-growth and cell-structure to a point far removed from the line of actual incision. may say here that experiments have been undertakes with a view of proving this assertion by physical demonstration. They are, however, crude, very incomplete, and as yet of no particular value. Changes in cell-structure have been recognized by the microscope as far as half an inch from the line of distinct cautery action. I am not enough of a histologist to appreciate this statement at its true value, but personally I believe the influence exerted to be rather a modification of the future growth and life history of the cells than the accomplishedment of any change recognizable by the microscope. The modus operandi I am unable to suggest, but of the fact that such change is accomplished I am positive. In no other way can the results obtained be explained. It is not necessary to consume your time in narrating cases that are already a matter of record, and are besides individually known to many of you. Cases where it has been barely possible to trim the edges of advanced malignant growth, and where it was a moral certainty that the knife traveled through tissues already well supplied with cancerous elements, yet the result has been a perfect cure. This was not accomplished by actual cautery, for the heat could not reach the probable limits of the disease, but by some influence extending far from the line of separation, which changes the malignant tendency of the surrounding tissues to normal healthy function.

The nature of this influence, except that it may be galvanic, its scope and limitations, I am unable to give, but that it does exist has been proven to me beyond doubt by the careful observation and after-care of these cases for the past twelve years.

A case bearing on this point returned to me only last week. patient, a hardworking woman, entered St. Mary's Hospital in 1885, with complete procidentia, the uterus and bladder between the thighs. Restoration of the perineum had failed of any effect on the prolapse, and pessaries were of no avail. Following up an accidental discovery, viz. that amputation of the cervix by the cautery fixed the uterus, this cervix, restored to place, was encircled by the loop and the current turned on as if for an amputation. When the wire had sunk to the depth of about one-quarter inch it was removed, and the uterus was then held in place

by a large, firm tampon. The convalescence was absolutely afebrile, and there was no sign or symptom that would in any way indicate pelvic inflammation. In two weeks that uterus could not be pulled down.

Since then the patient has been continuously employed at heavy labor. All the causes which produced the procidentia in the first place have been still at work, and yet it is only after the lapse of ten years that the uterus now again has begun to descend.

At about the same time, three other cases were operated upon in a similar manner, and remained well until they passed from observation. I will not attempt to explain the mechanism of the result, but simply

give you the facts.

From another standpoint. Operation by galvano-cautery is attended by no risk to the patient, and with a minium of discomfort. And when I say no risk, I mean absolutely no risk chargeable to the operation. Accidents will happen and blunders will occur. For instance in one of those bad cases, in which the rectum and bladder were barely avoided, on the third day the gentleman in charge, alarmed by an oozing of blood from the vagina, pushed a tampon through the posterior cul-de-sac into the abdominal cavity, tearing open the rectum and flooding the cavity with its contents. The inevitable result promptly followed. Another patient after a very trivial operation on the vaginal wall, contracted pneumonia and died. even charging such cases as these against the operation, the total mortality is two, less than one-half of one per cent. of cases of all kinds from those in which we hope to obtain a permanent cure to those that usually leave the surgeon with a prescription for morphine, and the advice to the patient's friends to make her as comfortable as possible while she lives.

There is practically no pain. It is rare that they ever receive even one opium suppository, and when an anodyne is required it is generally on account of some accidental, superficial burn of the vulva, for it is another curious fact that a deep burn is free from pain, while a mere searing of the integument is very dis-

tressing.

There is no such thing as shock. The convalescence is absolutely afebrile. The reason is not far to seek, for no operation could be more religiously aseptic. We have to deal with no bacilli of so robust a constitution as to survive the fiery ordeal of the operation, and let them be introduced afterward in whatever abundance, while they may find a culture medium in the detritus of the cauterized surface, they will every absorbent sealed and the patient safe from septic infection. All our efforts at sterilization and rigid asepticism, which have rendered possible the brilliant triumphs of surgery, are feeble in comparison with the absolute safety in this respect of the agent under consideration. have often seen the peritonial cavity accidentally opened by the cautery knife, and with no further attention paid to this than the subsequent packing of the vagina with iodoform gauze, have yet to see the case where this accident in the slightest degree complicated convalescence.

The only danger left to the patient is hemorrhage. It is currently believed that the cautery is advocated principally on account of its hemostatic power. On the contrary, while affording a remarkable gain to the patient in this respect, it is one of its minor virtues. I have seen as copious hemorrhage accompany a cautery operation as I ever witnessed, and that when properly performed. When improperly performed, the trust in this power of the battery is even a source of danger, as the bleeding caused by a knife brought to a white heat is exceedingly difficult to control. Every little vessel bleeds as if it were individually entitled to a ligature, and clamp and tampon is the only resource. With the knife at a cherry-red heat, and that heat applied after the knife has been brought in contact with the parts, and then handled as carefully as you would handle scalpel or scis-

sors, very vascular tissues can be

traversed without the loss of a single

drop of blood-no small gain when dealing with patients already exsanguinated by long-continued hemorrhage. Any attempts to obtain speed in operation, by the use of undue pressure or too much heat, simply invites disaster. Slow, careful work and thoroughness are essential. Moreover if an artery of large size, such as the uterine, be severed by the cautery knife, however carefully handled, that vessel will bleed promptly and vigorously, and there is no power in the galvanic heat which will control it. may sound like a very stale piece of information, but it is a fact which I have been frequently obliged to state in discussing this question, and as this paper is, to a large extent, a reply to a long list of questions asked on the subject, the limitation of the cautery in hemostatic power deserves a place.

Briefly to recapitulate:

The operation is not difficult to or-

dinary skill and intelligence.

The inconvenience of the instrument is slight in comparison with trouble involved in securing aseptic conditions.

The operation is aseptic beyond all others, and cannot be marred in this respect by the carelessness of operator, assistant or nurse, while it is free from the possibility of subsequent infection.

It is practically bloodless.

It is free from the element of shock.

It is attended by the minimum of pain and discomfort. The patient is better in twenty-four hours than she was before she was touched.

The primary mortality is "nil."

The ultimate result shows a period of exemption and a prolongation of life superior to the published results of any other operation devised for the relief of this disease. There is an unknown influence in the action of the galvanic knife, which extends its beneficient action to parts beyond the line of excision, and accomplishes in unreachable structures the same results that we endeavor to procure in mammary cancer by the removal of surrounding glands and the pectoral muscles.

Finally, if by this same agent, which does so well in the removal of the diseased portion only, we can accomplish the complete exterpation of the whole organ, we have an oper-

ation which extends the best hope of a complete and perfect cure that has yet been offered to these unfortunate sufferers.

-Brooklyn Medical Journal.





A PROPOSED NEW GERMICIDE.

It is generally admitted that phthisis, cholera, typhoid, yellow and scarlet fevers, leprosy, lupus, erysipelas, malignant pustule and other zymotic diseases are largely due to the ravages of colonies of hostile bacilli and their poisonous products in the tissues or organs affected, and their presence can, in most instances, be readily demonstrated. They are found in the sputum and breath of phthisical subjects, in the dejections of cholera and typhoid, in the urine and vomit of yellow fever, in the blood and cast-off epidermis of scarlet fever, in the surface lesions of leprosy and lupus, in the pus of erysipelas and tuberculous fistula, in the vesicles of malignant pustule; in fact, each microbic disease carries its specific bacilli, and they are not found when the disease is not present. In the near future, it is to be hoped, we may light on some reliable method of preventing their propagation and terminating their existence; for bacilli will cease to grow even in an inviting medium, when confronted with a competent germicide. Some chemical agents, as salicylic acid, iodoform, corrosive sublimate, arsenious acid, and other substances, organic and inorganic, act as germ destroyers, yet they cannot be used in sufficient quantity without injury to tissues or danger to life. Moreover salicylic acid and iodoform arrest the development of microbes, but do not readily kill them; corrosive sublimate and arsenious acid affect both objects, but are too dangerous in themselves; and no

other germicides have yet proved practically efficient. Of late years, however, some curious combinations of organic bodies with inorganic elements have been produced, called organo metalloid derivatives. They are analogous to other organic bodies, but they cannot enter into the composition of healthy tissues. Among their number is one named kakodylic acid, of dymethyl-arsenic acid (Alkargen). It may be obtained by the distillation of dry acetate of potash with an equal quantity of arsenious acid and exposure of the product to the slow action of air. Kakodyl, and its oxide, alkarsin, the "liqueur de cadet" of the Frenchare horribly offensive, with an unbearable odor of concentrated garlic, but kakodylic acid is all but devoid of smell. It comes in the form of bright colorless crystal, composed of carbon, hydrogen and arsenic. It is acid in reaction, and deliquescent in moist air, but otherwise very stable. Until now the products of kakodyl have been looked on as dangerous chemical curiosities, devoid of medicinal value, but since the acid contains at least 50 per cent., or more than half its bulk, of arsenic, and is nevertheless quite innocuous to man, its employment seems to me available, especially as a hypodermic injection for the destruction of pathogenic germs. By this method it would be at once carried into the torrent of the circulation and quickly reach the desired parts; whereas the stomach is often unfit for the offices of absorption, digestion is disordered, and more or

less of the remedy either through the intestines, or is vitiated by the gastric secretions. Now it can be shown that kakodylic acid shares, in common with some hydrocarbons (as creosote and naphthaline), the power of devitalizing microorganisms, and thus it should be applicable, for instance, to the bacilli of consumption, with the inestima-ble advantage of harmlessness to the individual. Arsenic in any form is inimical to fermentation, and destroys germ life, and even when internally administered it displays a peculiar influence over phthisis—a typical germ disease lowering the temperature, raising the weight and improving the respiration and general physical appearance. Hence its trial by subcutaneous or parenchymatous injection, in a safe form, is here advocated. Should it not fulfill its promise in the treatment of phthisis and kindred affections by these means it may yet have its uses as an external or external agent, in psoriasis, lupus, pemphigus and many parasitic and other affections of the skin. Or it may prove serviceable in cancerous and malignant growths, by virtue of its germicidal action or otherwise. Cancer is attributed by many high authorities to a specific bacillus or its products. The prolonged administration of arsenic in the usual forms is often accompanied or followed by erythematous, eczematous or herpetic eruptions; by discoloration of the skin, and by a remarkable form of epithelial cancer. Possibly these effects would be obviated by the use of this substitute. Kakodylic acid is freely soluble in water, alcohol, glycerine and other media, and I would suggest a solution holding one grain in a drachm of distilled water. Twelve minims of this might be first used hypodermically, which would represent one-tenth of a grain of arsenic. For internal administration the Philadelphia Dosimetric Company, 2009 Arch street, carefully prepares granules of onetwentieth of a grain, representing one-fortieth of a grain of arsenic. These may be given in gradually increasing numbers, for it is always

wise to be cautions with a new agent. I hope before long to be able to show that kadodylic acid deserves recognition as a therapeutical antagonist to diseases dependent on microbes, or otherwise amenable to arsenical treatment.

-Louis Lewis, M. D., in Med. World.

ANTAGONISTS.

Antimony, jaborand and muscarin cause sweating of the skin; belladonna, hyoscyamus and stramonium dry it.

Some years ago I was impressed with the idea that the dilatation of stricture of the urethra was to an appreciable extent impeded by the pressure of the fingers of the opposite hand of the operator on the outside of the penis whilst endeavoring to insinuate the bougie. The greater the force required by the hand using the instrument the greater the pressure needed by the other hand on the penis and consequently on the urethra.

To obviate this I had a hollow metal tube constructed about two and a half inches long, with a broad flange, and fitted with a smooth. beveled-edge wooden plug similar to the plug of a vaginal speculum. and of similar size to the bougie that was to be used. By inserting this little contrivance first, then removing the plug and replacing it with the bougie, I found the latter could be urged on with less force, as all pressure from without was removed. Moreover, the instrument acted as a guide support and conductor to the bougie. I have since had tubes (which are inexpensive) made of graded sizes, to correspond with various sized bougies, and believe they will be found practically useful and convenient. L. L.

A WARNING.

When the breath becomes ammoniacal during the progress of any disease of the urinary apparatus it is a tolerably sure warning that uremic poisoning and grave complications are at hand.

TREATMENT OF INFLAMMA-TORY DISEASES OF THE STOMACH.*

By Gustavus M. Blech, A. B., M. D., Detroit, Mich.

Published by the Matthews' Quarterly, October, 1896.

For several years I have had under my care quite a number of patients afflicted with acute or chronic inflammatory diseases of the gastro-intestinal tract. The records of my clinic (143 of such cases) show that stomach diseases are to my knowledge the most distressing ailments which may afflict human beings. When the stomach is out of order life is a burden and every-

thing seems to go wrong.

The majority of general practitioners, as far as I could learn, still adhere to the old-fashioned treatment of gastric disorders, and I confess that during the first years of my practicing medicine I have, like others, used remedies which every one of us have prescribed, in order to relieve their patients, and to my great disappointment I never was fortunate enough to cure chronic gastritis by treating the symptoms, although I have occasionally relieved my patients, but only when the disease was not chronic.

You have—as well as myself—prescribed menthol, cocaine, opium, ice and other remedies to relieve nausea and to stop vomiting; you have cleansed the stomach by lavage and purgatives, and subsequently irrigated the lining membrane of that much abused viscus with modern antiseptics; you have called to assistance pepsin and innumerable drugs, but have you cured your patient? No. You have merely lost track of him. The patient did not call again, because the treatment did not do him any good, and frequently because it aggravated his trouble.

trouble.

So the world goes on and the poor creature afflicted with chronic gastritis goes on suffering more and more. Why did you fail to cure catarrh of the stomach? It is because

you merely attempted to relieve the symptoms instead of prescribing remedies to subdue the existing pathological condition, the inflammation of the lining membrane of the stomach, which condition prevents the digestive process from being normal.

In order to subdue this abnormal inflammatory condition of the wall of the stomach antiseptics are indicated, but you know as well as I do that powerful antiseptics have the same destructive action upon both vegetable cells (germs) and animal cells. Consequently, they will in all cases aggravate the disease.

I am much opposed to the use of strong drugs in my practice on account of sad results which I have witnessed, and I put more stress on harmless, although most powerful antiseptics, than I ever did since I successfully treated hopeless cases of cholera infantum with hydrozone (30 vols. H² O², aqueous solution).

Therefore my method of treatment of all inflammatory diseases of the stomach may be summed up as follows: First destroy the morbid element which is present in the stomach, so as to thoroughly cleanse the mucous membrane; second, heal the diseased surface after it has been made aseptic.

As a cleansing agent which acts both mechanically and chemically, I know of nothing as powerful as hydrozone. Therefore I prescribe one tumblerful of lukewarm water containing two per cent. of hydrozone, half an hour or so before meals.

The nascent oxygen which is set free in the stomach by its oxidizing action destroys the morbid element and cleanses the mucous membrane more thoroughly than anything I know of. This being done, the patient should wait for at least 15 minutes before taking his meal.

As a healing agent I prescribe one to two teaspoonfuls of glycozone diluted in water to be taken immedi-

ately after meals.

The results which I obtained in submitting my patients to the above rational treatment are so gratifying that I do not hesitate to say here that the great majority of cases of

^{*}Read before the Mississippi Valley Medical Association at St. Paul, Minn., September 16, 1896.

stomach disorders may be cured or at least much relieved in a very short time by this treatment, which is already indorsed and used by some of our most skillful practitioners.

On this occasion I wish to state that I cured a well-defined case of gastric ulcer, at least all the characteristic symptoms, like circumscribed pain, indigestion, and hematemesis have disappeared for fifteen months under the above treatment, save lavage, which when practiced caused an alarming hemorrhage. I wrote to the patient, who lives in St. Louis, and he informs me that neither of his symptoms have appeared since I left that city, which was about fifteen months ago. patient has been instructed to resume the treament as soon as even the mildest symptoms reappear, but he wrote me that he needed to use no medicine whatever.

While my experience with gastric ulcer is but limited, I could suggest no better treatment; first, because all usual remedies do not influence the ulcer itself, and second, because I have seen healed the most stubborn cases of ulceration of the cervix and chronic ulcers of the leg under the same method of treatment.

During the discussion which followed the reading of this paper, Dr. Larrabee, of Louisville, had this to say: Almost any condition found in the stomach may come from the causes mentioned by those who have spoken, but I am convinced that the portal circulation is a most important factor in these cases; and one, too, which is often overlooked. ercise is of paramount importance, in all cases of chronic gastritis. In arresting putrefactive changes in the stomach glycozone has proven in my hands most excellent, but do not neglect to stimulate the liver when indicated.

ON THE MEDICINAL TREAT-MENT OF INTESTINAL CA-TARRHS IN INFANTS.

By Dr. A. Hock, of Vienna.

In most cases occurring in infants, simple dietetic treatment is suffi-

cient to remove even severe affections of the intestines and dyspepsias, though in all cases medicinal treatment is not to be ignored. The medicines worthy of our notice are in the first place muriatic acid and pepsin or papain, which tend to establish a better digestion, thus preserving the intestine from irritation and promoting recovery. An excellent remedy which acts as an antiseptic to the whole digestive tract as well as a weak astringent, is resorcin, in doses of 0.01-0.03 gm. (Resorcini 0.2-6.100, in teaspoonful doses).

Where the intestinal disease is, however, of longer duration, or the weakness of the patient is an indication for a more rapid assimilation of nourishment, we must fall back upon a drug which exerts a wide local influence on the intestinal canal. In such cases the salts of bismuth and tannin are most important remedies. The salts of bismuth have an excellent temporary action, and are of great value in catarrhal inflammation of the intestine.

Bismuth Salicylate 0.5 gm. three times a day may be given to infants; these preparations do not exert any long continued effect, however, so that in more chronic cases their administration must be continued for quite a long time, and relapses are likely to occur when they are discontinued.

The most energetic remedy in this respect, however, is tannic acid, which is best given pure, in a onehalf to one per cent. solution of some corrigent. Of less service are the tinctures containing tannic or gallic acid, as tincture ratanhia, catechu, etc., so also the much used and abused Russian tea. Decoction of lig. campech. has much less power than tannic acid, but has the advantage of not affecting the appetite, and being nearly always well borne. Tannin, cotoin and tincture of coto. are pure styptic remedies. Opium should not be used in the systematic treatment of the intestinal disorders of infants, at least it is not a remedy which should play a prominent role in these cases.

During late years tannin, therefore has again gained a prominent place

in the therapeutics of intestinal catarrh. If we have to deal with comparatively light affections, where with one day's fasting, followed by a strictly milk diet for two or three days, and the simultaneous administration of tannin, the diarrhea can be checked, this remedy is sufficient for our demands. When, however, it is necessary to continue the drug for any length of time, it will be observed, that although the diarrhea ceases, the child's general condition and weight do not improve. reason for this is that the tannin, as far as it is active in the stomach, forms with the albumin a combination which is not very soluble, and does not exert much action in the intestine, besides curtailing to some extent the secretion of the gastric mucous membrane. We are, therefore, compelled, where the disease is of long standing, after giving the tannic acid for two to five days, to substitute muriatic acid, returning again to tannin, or some perparation containing it after a few days, thus losing time before a cure is obtained.

For these reasons the discovery of an acetyl-combination of tannic acid by H. Meyer, which is not decomposed in the acid secretions of the stomach, but only in contact with the alkaline fluids of the intestinal tract. has been an important addition to

our pharmacopeia.

This preparation only becomes active when the tannic acid is liberated by the splitting of the acetylgroups. This occurs only in a very small degree in the mouth, through the action of the saliva, which can be proved by allowing a quantity to remain in the mouth for some time, when the astringent taste of tannic acid is gradually perceived.

However, the quantity which is decomposed by the saliva forms only a fraction of a milligramme, which cannot produce any disturbance of the stomach. In the stomach itself the drug is insoluble if no abnormal fermentation process is present which produces an acid reaction. The splitting up of the preparation takes place in the intestine under the influence of the alkaline intestinal

secretions and reasoning by analogy

we may assume that the more intense the action of bacterial agents in the intestine the greater the extent of the decomposition of the drug, so that the effect is strongest where most necessary. During normal digestion and rapid peristalsis, the greater part of the drug probably passes through the intestines unchanged, particularly if large doses are given, thus explaining the safety of large doses; while other tannic acid preparations, as is well known, are not always free from objection as they have a tendency to produce enteritis membrancea.

The different authors who have used this remedy, Kunkel, Drews, Biedert, Escherich, Bachus, Hewitt and others, have all expressed themselves in terms of praise, and I can

only do the same.

As regards the dose of the remedy, I have given it in very young children (up to 5 months of age), in doses of 0.1 gm. in older ones in 0.2 gm. doses, and have found this sufficient. On account of the preceding theoretical considerations, I have ordered the remedy after meals, at first usually six times a day, later four times daily.

R—Tannigen	0
Sacch lact	0
Divid. in chartNo. 2	ζ.
Sig: One-half powder every for	
hours. (Children above one year of ag	e,
a whole powder.)	

In some cases I have combined it with muriatic acid.

The action is very prompt, a diminution in the number of stools occurred within 24 hours. The admixture of mucus disappeared generally on the third day, and the number of stools decreased about the same time to one or two in 24 hours.

The following cases have been

treated by me:

1. Joseph Willert, 10 months old, artificially fed, has 6 to 8 mucous stools a day. Was cured after three days' treatment.

2. Alois Machots, 11 months old, artificially fed, rhachitic, has 3 to 4 passages daily. After using tannigen for three days only one passage daily. Was ordered cod liver with phosphorus.

3. Marie Schipel, 20 months of age, has a diarrhea for two weeks, following an error in diet. After taking tannigen for three days in doses of 0.8 gm. a day, stools reduced to On discontinuing the one daily. remedy, diarrhea reappeared, which disappeared, however, after taking 2.0 gm. more of tannigen.

4. Josefa Fuchs, child at the breast, suffers with bronchitis, diarrhea, numerous green passages;* after administration of 2.0 gm. tannigen cured; the bronchitis also has

improved.

5. Gyula Linder, 3 months old artificially fed, numerous green stools, containing much mucus; cured after three days' treatment.

6. William Strond, 7 weeks old,

cured in three days.

7. Victoria Holly, 8 months old, a rhachitic child, numerous discolored stools with much mucus; after three days only two stools a day. Cod liver oil and phosphorus ordered.

8. Franz Watzl, 3 years old, was dismissed cured after five days'

treatment.

9. Fanny Halloki, 7 months old, suffering with intestinal catarrh for two weeks. General appearance bad, numerous stools (mucus), temperature 38 degrees. Time of treatment, nine days; after that normal stools.

10. Franz Lonecky, 9 months old, was cured after four days' treatment.

11. Marie Schwarz, 7 months old, vomiting and numerous green stools. Acid muriate, 1.10:100 and tannigen. After six days vomiting ceased, and stools were reduced to one or two a

day.

There were treated altogether 15 children (12 under 2 years of age), for intestinal catarrh; the duration of treatment was three days on the average; in one case it was seven days; sometimes improvement in the stools took place within two days. To rhachitic patients with a tendency to diarrheal stools, tannigen was given before the usual treatment with cod liver oil and phosphorus, and in every case with good

results. In four cases of influenza with gastro-intestinal symptoms in older children (3 to 5 years of age) salicylate of bismuth acted decidedly superior to tannigen; but in cases of intestinal catarrh following a pneumonia, tannigen did very good service.

In the diarrhea of turberculosis it proved very beneficial for the time being, as Escherich has also observ-

The diet, it should be remarked, was the same in all cases. Young children were given milk, and a 7 per cent. solution of sugar of milk in equal parts. Children over 8 months of age received undiluted milk, and no other food, with strict directions as to the time of feeding.

According to my experience the course of the cases treated by tannigen was decidedly shorter than under the expectant treatment alone, or that with resorcin. Tannin also materially shortens the duration of

the disease.

In acute dyspepsia muriatic acid and dieting are the sovereign remedies, sometimes in connection with

washing out of the stomach.

It goes without saving that the children should receive their nourishment sterilized. Careful cleansing of the bottles with sapo viridis as Heuser recommends, and a careful boiling of the sugar of milk solution is not to be omitted. The intervals between meals should be about three hours; and successful results will usually be obtained even when the Soxhlet method cannot be used.

If vomiting is absent, and the stools contain only a small amount of undigested material, tannigen may be administered at once, otherwise it is advisable to precede its administration by abstinence for one day (muriatic acid and soda water being allowed as drinks). As already mentioned, the remedy exerts no disturbing effect upon the stomach, so that even where there is a tendency to nausea it is usually retained Wiener Medizinische Blatter, No. 30, 1896.

Russian Translations.

By A. D. DAVIDOW, M. D.

E. KEMPER—THE EPIDEMIC OF **SCARLET IN 1893-94.**

During the period at the Barak-Alexander Hospital, Petersburg, 346 children were treated, 24.6 per cent. of whom died. In the catarrhal 17 per cent., as well as in the necrotic angina 83 per cent., the existence of streptococci in the throat demonstrated, as well as in blood of septicemia. In 11 of the 33 septicemic cases was noticed the so-called septic erythema. In general the epidemic did not present anything extraordinary.

-Bolnitchnaia Gazeta Botgina, '96,

M. VERBITZKY—THE CHANGE OF THE BLOOD AFTER LIGA-TION OF THE DUCTUS CHOLE-DOCHUS.

The ductus choledochus was ligated and the blood examined at definite intervals. During the first three weeks no change in the blood could be noticed; then the quantity hemoglobin and the number of red blood corpuscles, reduced 42 per cent.: and later developed an exceeding micro and poikilocytosis. Hemoglobin crystals could not be detected in the blood, and no hemoglobin in the urine. Evidently in ligating the gall passage, near which the gall acid salts enter the blood, changes are produced in the functions of the blood-forming organs.

-Ibid.

A. Ekkert.—A case of thrombosis in the vena portae. Patient, woman 39 years old, with classical symptoms of cirrhosis of the liver, was admited to the Abuchow Hospital. striking anamnesis was that two weeks before entering the hospital a general swelling of the body was rapidly developing, accompanied by a general debility. Two months af-

ter admission patient died, and at the neuopsy it was found that one of the lumens of the vena portae was almost entirely covered by a thrombus, which started at the origin and extended to its first branch. The walls of the vena portae were thickened and sclerotic. The liver presented the picture of atrophic cirrhosis, pancreas, and large intestine in a chronic stasis. The formation of the thrombus, the author would ascribe either to the cirrhosis on one hand or on the other hand to the sclerotic changes in the vena portae.

-Ibid.

Wassenko.—The use of antitoxin in the Government Hospital, of Kre-

mentschug, in 1895.

Twenty-five patients received treatment with the serum. Six received single injections for prophylaction. Of the remaining, 16 were found to contain bacilli. eight cases the larynx was affected. three of which (two with tracheotomy) in first 24 hours of admission. Of the six prophylactic patients none took sick, notwithstanding that for some time they remained in the company of truly diphtheritic children.

Krainski.—1. To the pathology of epilepsy. Disturbance in the mettabolism in epileptics. No. 1.

Dido.—2. The poisonous state of the blood in epileptics. No. 2.

1. From previous reported cases and investigations author concluded that the secretion of uric acid and epileptic attacks have certain interdependencies. There is a rapid sinking of the quantity of secreted uric acid 24 to 48 hours before the attack. After the attack it regains the lost quantity. As soon as the daily fall of the uric acid is below 0.45 an attack can be expected with certainty. To the opposition of the hypothesis of Von Haig, that an epileptic attack follows simply the infiltrations of the retained uric acid in the blood, the author declares that epilepsy is not to be considered a disease of the nerves, but that of metabolism. In epileptics, during the chemical reaction, there are some deviations in the metabolism, which express themselves in the lessening of formation and secretion of uric acid. As soon as this abnormal reaction reaches a certain intensity a certain product forms which acts poisonous on the central nervous system, irritating the centre and rendering the epileptic attack.

It is very likely that the epileptic attack itself causes conditions (accumulation of uric acid in the blood. changes in the reaction of the blood), in consequence of which the continuation of abnormal reaction becomes impossible, and the process of degeneration establishes itself to the previous normal condition. In this way the oncoming metabolism causing the epileptic attack thereby destroys itself. Its formation and destruction are in close connection (or in close connection) with the formation of uric acid; changes in increasing or diminishing its secretion depending on the attack. As for further proof against Haig author applied other means, which act on the secretion of uric acid, namely, piperagin, lysidin and carbonic acid lithion. The first two drugs gave negative results, the lithion, however, in medium doses (3.0) pro die) reduced the number of attacks without increasing the secretion of the uric acid. In doses, however, of 6.0 pro die again signs of intoxication and return of attacks. The secretion of uric acid hence must be considered as a product and indicator of some unknown reaction, which in the organism of the epileptic develops to disappear with the attacks as soon as it reaches a certain intensity. The epileptic attacks are to be considered as a means of self protection to the organism against the obnoxious activity of the reaction, which otherwise would lead to unavoidable destruction.

2. The blood, abstracted from epileptics by means of cupping during lucidity either between attacks or immediately after an attack, was defibrinated and injected subcutaneously in quantities 2, 4, 6 c. c. in rabbits, and same produced no disease. Blood, however, abstracted during an attack or immediately before the coming of the attack, similarly injected in quantities of 1-3 c. c. caused at once a paralysis of the hind extremities, which was followed by periodical attacks of con-vulsions, from which the rabbit usually perished upon the 4-8 day. This confirms the author's conclusions, that in the organism of the epileptic before the attack a poisonous metabolism forms which is destroyed during the attack.

—Ocosrenij Psichiatrii, Newrologii i Eksperimentalnoi Psichologii, No. 1 and 2, 1896.

J. Krausen.—Spontaneous exit of gallstones and the removal of the same by operation.

The question how large a gallstone may be able to pass the ductus cysticus or the ductus choledochus, especially by the diverticulum vateri per iras naturales is explained variously. Author believes that a stone the size even of an average hazelnut can pass, provided the impelling force is strong enough and the passing is rapid. It is understood that an injury may follow to the ductus choledochus. In evidence of the assumptions, the histories of two cases and a number of post-mortems are given. From these observations it was found that the ductus choledochus has great power of dilatation. Stones even the size of a pigeon's egg could, under favorable conditions, pass into the bowel, and after adhesions between the gall bladder and the bowel a stone can also pass from the former into the latter.

The question of operative interference in gall stones is not ripe with the present knowledge, and the opinions are various. The indications, with some modifications as Reidel

ascribed, are acceptable. They are as follows:

- 1. In gallstones with icterus.
- 2. In gallstones which cause protracted pain without previous colics.
- 3. Symptoms of puss formation in the gall bladder or large gall passages. In every case time should be given until vital indications arise. Author indicates:
 - 1. Protracted incarceration of

stones in the ductus cysticus or choledochus.

2. Oft and violent gallstone colics without the discharge of the stone; particularly when the general condition of the patient is altered and when internal medication fails.

3. Tumor of the gall bladder and pyemic developments in the same

when due to stones.

Prager Med. Wochenschr, 1895, No. 36-42.

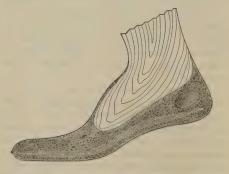
A NEW RUBBER FOOT.

An improvement has been made recently in artificial feet which seems to leave nothing more to do in order to produce as nearly a perfect counterfeit of the natural member as it is possible for human in-

genuity to secure.

The original rubber foot with stiff ankle joints was a vast improvement over the old style of wooden foot with articulating joints. The rubber reduces the shock and gives an elasticity of movement, while the absence of the ankle joint removes the old clanking and the uncertainty of movement incident to this mechanism.

Subsequently Mr. A. A. Marks, the original inventor of rubber feet, introduced an improvement which while very simple was of great value. It consisted simply of a longitudinal canvas, inserted from heel to toe



near the bottom of the foot, the result of which was that the toe was drawn back to place and kept from mashing or turning up. This foot

with the canvas brace was the standard for 15 years, but is now superseded by what seems to be the last possible change that can be made for the better.

The new invention consists of the insertion of a mattress of canvas in which is imbedded side by side a layer of narrow, flat, steel springs. The canvas holds them in the pocket, in which they slide freely, and the ends are capped with metal to prevent their perforating the rubber and leaving their proper bed.

The rubber which rests above this mattress is spongy, containing, therefore, a large percentage of air, increasing the lightness and also the flexibility of the foot. Further, just above the posterior end of the mattrass in the heel there is a large air chamber so arranged that it cannot burst, and thus preventing the heel from matting or failing in elasticity.

The operation of this steel spring mattress is to throw the toe back as it is bent in walking, and thus to materially assist in locomotion.

This mechanism has been submitted to the most severe mechanical test, and found to be so durable that after being tested equal to 10,000 miles of actual walking to show no signs of giving way.

By this improvement the foot is also lightened, and now weighs from eight to 16 ounces less than any other made, varying according to the weight of the person wearing the limb. A. A. Marks, 701 Broadway, N. Y., is the sole proprietor of this artificial foot.



NON-SANGUINARY REDUCTION OF CONGENITAL DISLOCA-TION OF THE HIP.

M. Schede has shown by several cases how easily we may reduce the dislocated hip of the new born and even in cases of long standing.

By continued traction the limb may be extended safely from eight to ten centimetres. M. Schede employs an extensor apparatus with a

meter adjustment attached.

In some cases we may succeed in replacement in our first effort, though in others a considerable period may be required. In one girl of 14 years it required three months traction to bring the head of the bone into place. In this case the shortening was seven centimetres.

In others the difficulty was greater, requiring the alternate employment of augmented force under chloroform. This adjunct shortens very materially the course of treatment, which usually averages about seven weeks. As reduction advances the head of the femur gradually makes its way into the acetabulum and can no longer be felt under the integument.

During the past 18 months M. Schede has treated 51 unilateral dislocations of the hip and 24 bilateral, in all, and from the time first utilized 99 cases. In 98 entire success followed, operation being necessary in

one only.

After reduction it was always necessary to adjust the limb for a time in a plaster cast, in a position of somewhat forced adduction. Thirty-three which were treated suc-

cessfully ranged from 7 to 13 years old. In 36 the shortening was five centimetres, in 16 seven centimetres, in four eight centimetres, and in one 11 centimetres.

The dangers of this plan are contusion of the peritoneum, abrasions of the skin, possible laceration of the tendons or tissues of the adductors. By graduating the weight employed we will never go beyond 70 kilograms, and thus avoid harm.

M. Lorenz, of Vienna, up to the present time has perfectly succeeded in a similar class of 83 cases by

Schede's method.

—Reunion des Naturalists et Medicines, Allemand, Frankfort sur le Main, Sept., '96. Gazette Heb., 15 Oct., '96.

CONTRIBUTION ON THE SUB-JECT OF REDUCTION OF THE ELBOW.

In most cases M. Cange has found that when resection of the elbow is imperative we may secure excellent results, provided only that the insertion of the triceps into the olecranun be preserved. The double lateral incision affords us the greatest ease in operating and most rapid recovery.

In most tuberculosis cases we are enabled to preserve a part of or the entire olecranon. Its preservation is of vital importance with those cases in which we are doubtful of osseous regeneration, and the greatest degree of function is required.

In complete amphylosis we must perform a complete resection, except of the tricipital attachment, or we will probably have an early relapse. In old dislocation the extent of resection will depend on the limit of ossific alteration, though in this, as all others, we must respect the insertion of the triceps.

PHYMOSIS.

M. Blanchard having carefully studied congenital and accidental phymosis believes that an operation is necessary in all. The indications for operation in congenital phymosis are, impermeable meatus or extreme stenosis of the prepuce, irritation or inflammation with balanitis, eczema or the tendency of these to contract diseases, the possible transformation of a simple phymosis into a paraphymosis. In accidental phymosis we should operate in chancre, with the tendency to lymphangitis and adenitis.

In hard chancre we should both circumcise and enucleate the sore.

CRANIAL TRAUMATIONS.

M. Beaulis concludes as follows in his lucid brochure on above theme:

"It is important that the medical jurist possess a full and complete knowledge of all types of cranial injuries in order that his opinion may

weigh in evidence.

"Injuries of the cranium by cutting or puncture are usually criminal. These instruments usually leave characteristic signs. It is always difficult and sometimes impossible to determine whether in a given case injury of the skull succeeds accident or was criminally inflicted. The nature of the fracture is evident, but whether it was accidental, homicidal or suicidal is the question. pistol shot wounds the burnt scalp and powder marks point to self-infliction. If often happens that a cranial fracture leads to fatal changes secondarily. In a large number of the injuries on our first visit we must be reserved in opinion."

—Mag. Heb., Oct. 16, '96.

Dr. John B. Murphy, of Chicago, the inventor of Murphy's button, is probably making more money at the present time than any other surgeon in the world. He is said to have received \$50,000 within three months for appendicitis alone.

-From Cincinnati Med. Jour., July, '96.

THE RESULTS OF ABDOMINAL HYSTEROPEXY AND ITS IN-FUENCE UPON PREGNANCY.

Leon (Prov. Med., No. 6, 1895) writes that the results of abdominal hysteropexy shown in the paper published by Laroyenne, that pregnancy occurring after this operation is usually followed by abortion, is due to faulty technique, the method of placing the sutures between the abdominal wall and the uterus. Leon gives the following rules to be observed in this operation:

1. The sutures should not be re-

moved.

2. The number of sutures should be sufficient.

3. The sutures should be placed through the anterior wall of the uterus and not the fundus.

4. The sutures should include sufficient tissue; at least one centi-

metre

From the observations of Laroyenne and the greater number of French surgeons the adopted technique of the operation does not allow the physiological growth of the uterus during pregnancy, and besides, the adhesions are not firm enough. Of 60 cases operated upon by Laroyenne, three became pregnant; of these one proceeded to full term and two aborted in the first month. The writer believes that abortion in these cases was induced early in pregnancy because the fundus and not the anterior uterine wall. was sutured.

The New York Polyclinic.
—Univ. Med. Mag.





INJECTIONS OF ASS' SERUM IN MALIGNANT DISEASE.

Arlong and Courmont report (Bull. de l'Acad. de Med., May 12) the results of a number of experiments on the therapeutic effect of injections of ass' serum, normal or previously inoculated with epithelioma juice, in patients suffering from malignant tumors. Their conclusions may be given in their own words: "1. Injections of ass' serum, previously inoculated with epithelioma juice made in the human subject in the neighborhood of malignant tumors, are incapable by themselves of bringing about the disappearance of these tumors or even of preventing their generalization and the fatal issue of the disease. 2. They may nevertheless be useful by inducing a momentary diminution in the size of the tumors, probably by a regression of the peripheral inflammatory zone. This action may be the starting point of a cure by rendering operable a tumor which was inoperable before the injections. Most frequently it will cause a momentary disappearance of the symptoms of compressionpains, odema. The general evolution of the disease will sometimes be checked for several weeks. 3. Ass' serum so prepared has seemed to us to contain toxic substances which do not exist in equal quantity in normal ass' serum. substances accumulate in the organism or predispose it in such a manner that at a given moment they produce (at least in cancerous subjects) reaction symptoms (odema, purpura, various eruptions, etc.)

about the site of puncture or even at a distance. These symptoms appear on an average after the fifth injection, and at an interval of time nearer to the puncture in proportion to the time that has elapsed since the beginning of treatment; they disappear at the end of some hours or some days. They are frequently accompanied by constitutional symptoms (elevation of temperature, anorexia, insomnia, etc.). About the fifteenth injection the patients refuse to go on with the treatment. 4. With normal ass' serum we have obtained the same shrinkage of the tumors without ever noticing reactive phenomena comparable to the preceding (at the seat of injection). 5. Consequently we think that one may try subcutaneous injections of serum in the vicinity of inoperable tumors when these might become inoperable after changes in the neighboring parts, or when they are accompanied by pain or odema due to compression. Normal ass' serum will be employed in preference to ass' serum previously inoculated with epithelioma juice." At the recent meeting of the Societe de Dermatologie et de Syphiligraphie, Augagneur (Sem. Med., April 15) reported the results of some experiments of the same kind made by him in cases of cancer and syphilis. In patients suffering from epithelioma of the skin he injected ass' serum in doses of 8, 10 and 12 cm. After the injection the tumor became turgid and bleeding, then after a time it diminished in size; this effect was, however, only temporary. He observed similar local phenomena after injections of serum in patients with simple vegetations. The injections have the same effect in persons suffering from lupus; after a period of odema and congestion there ensues a passing shrinkage. Formerly he tried the injections in syphilitic subjects. He made particular mention of one case of exuberant facial and lingual syphiloma, which was improved for a month. He makes the injections into the cellular tissue. Urticaria often occurs about the site of puncture, and there is some rise of temperature. On two occasions albuminuria occurred. B. M. J.

A CASE OF CEREBRO-SPINAL MENINGITIS COMPLICATING GONORRHOEA TREATED BY ANTIKAMNIA.

The concluding remarks from the above article, by G. S. Leggatt, M. R. C. S. England, L. S. A., taken from the Lancet (London) are interesting from both therapeutic and physiolog-

ical standpoints.

"Remarks.—1. This is a rare complication of gonorrhoea, and, as far as I can find, is not mentioned in any of the books which refer to the subject; but bearing in mind the similitude of structure between the meninges and the joints there seems no reason why they should not be occasionally attacked in a manner similar to the latter.

2. "Antikamnia is a remedy said to possess analyesic, antipyretic and anodyne properties. Its dose is three to ten grains, and it will be observed that the doses I gave were large ones; but the symptoms were extremely urgent, and it is interesting to note that there was no depression. During its exhibition the pulse improved in force, and the administration of the drug reduced the temperature to normal, and seemed in this respect to be greatly superior to that of phenacetin.

3. "As to the diagnosis it is difficult to know how the symptoms, which were of a most pronounced kind, could be accounted for on any other supposition than involvement of the fibrous textures of the spine aud craium. That the disease did not more definitely and more permanently attack the pia mater and arachnoid is probably due to the prompt administration of the antikamnia and salicylate combined, which seemed to me to prevent the optic neuritis and other more obvious and serious consequences of an established meningitis."

SURGICAL IMMUNIZATION COM-PARED WITH SUSCEPTIBIL-ITY AND PREDISPOSITION TO INFECTION.*

BY J. McFADDEN GASTON, M. D., ATLANTA, GA.

My personal experience in undertaking the management of cases requiring extensive incisions for the removal of large ovarian tumors in private quarters has been entirely satisfactory, and I doubt the advantages claimed by some operators for hospital surroundings in laparotomy. One of the gynecological staff at the Grady Hospital remarked in my presence on one occasion that his results in abdominal surgery of females had been more favorable in those cases operated upon at their homes, however humble, than in the hospital. I have not at hand the statistics of the gynecological work in the Grady Hospital, but the general impression of the profession in Atlanta is that there is a much larger mortality in laparotomies done there than in the same kind of operations in private practice. The most feasible explanation of the increased mortality in hospital practice is the comparative immunity confirmed by observing more or less the habits of life to which the patient has become accustomed.

I witnessed a striking illustration of the effect of habit a few years since in a lady of 60 years of age, upon whom I operated for the removal of an immense cystic tumor of the overy. Everything progress-

Professor of Principles and Practice of Surgery, Southern Medical College, ex-Chairman Section on Surgery, American Medical Association. ed well for a day or two after the operation, when the patient's listless and depressed condition attracted the attention of all around her, and upon inquiry at last it cropped out that she had given up her habit of using snuff since the operation, of her own accord. Dr. G. G. Roy, being the family physician, was assisting in the case and after treatment of the patient directed her at once to resume the use of her snuff. Within 24 hours afterward our patient had undergone a most favorable change, and continued to improve without any further drawback until completely restored to health.

There is no doubt, also, in regard to the use of spirituous liquors habitually by those who undergo surgical operations, and that a sudden interruption of this indulgence lays the patient liable to disturbances of var-

ious kinds.

As a corollary to this presentation of the claims of immunization as related to susceptibility to infection the following inferences may be drawn:

1. That various agencies are at work in rendering the human organism to a greater or less extent free from the injurious impressions of

surgical procedure.

2. That local and constitutional influences operate in conferring immunity, and the environments of individuals, with their habits and customs of life exert great control over the vital powers.

3. Certain marked changes in the conditions of the nervous system, constituting shock, in course of surgical operations, may be averted by proper measures in advance, and in default of such precautions should be corrected by vigorous means of treatment.

- 4. That the immunity for normal structures in operative work, which was supposed to be given by germicidal solutions, has proved to be a delusion and a snare, and that they are only admissible in septic contamination of the tissues.
- 5. That a preliminary examination of all the functions of vital organs should precede surgical opera-

tions of every kind, and that efficient correctives should be resorted to for their derangements. The issue of the case depends materially upon proper means of preparation for an operation.

6. It is not essential for the management of a surgical case that the patient be placed in a hospital, but cleanliness in private quarters, with proper nursing, may secure entirely satisfactory results, by conforming to the ordinary surroundings of the patient.

-From Gaillard's Med. Journ., Oct., '96.

IS CANCER CURABLE SURGI-CALLY?

HOWARD CRUTCHER, M. D., CHICAGO, ILL.

Recently, after completing a prolonged and laborious dissection among the triangles of the neck for the removal of a malignant tumor, a student ventured to inquire how long before the patient would be well. A bystander coolly replied, "Never." It was the opinion of the surgeons present that the patient

might survive a year.

The operative treatment of cancer presents a dark picture to the lover of surgical art. Amid the splendid achievements of modern surgery cancer occupies its old position of defiance, and seems to scorn the most powerful forces that have been leveled against it. No skillful surgeon attacks it with confidence, and the removal of a clearly cancerous growth, no matter how radical the work may be, never gives the operator that sense of security that is often the reward of our labors. Within a month a patient showed me a scar with the statement that "ten years ago a cancer was cut out of here, but you know it could not have been true cancer or it would have come back before now." This frank opinion probably reflects alike both lay and professional opinion with tolerable accuracy. How different it is with hernia and vesical calculus, and appendicitis and fracture and pyosalpinx and a score of other surgical maladies.

-From Journal of Orificial Surgery.



PUERPERAL SEPSIS.

Herman E. Hayd believes that puerperal fever is of local origin, and that its treatment must be largely topical. The great surgical axiom is to operate early, before too great blood infection and dyscrasia have taken place. Most cases of puerperal infection recover under simple treatment; when, however, suppuration occurs, tentative tonic and building up treatment is out of the question, and a laparotomy, vaginal hysterectomy, or simple incision through the vaginal vault is the only course to pursue.

—American Journal of Obstetrics.

FETAL PERITONITIS SEVER-ING THE INTESTINAL CANAL.

Mackenrodt and Keller (Centralbl. f. Gynak., No. 28, 1893) read at a recent meeting of the Berlin stetrical Society cases of death of infants, one week old, from intestinal obstruction. In Mackenrodt's cases the infant died at the end of a week, after vomiting feces for two days. The abdominal cavity showed all the signs of chronic peritonitis, free adof hesion intestine. indurated patches, etc. The peritoneal cavity was full of yellow feces, which had escaped through a larger perforation, with sloughy edges, in the small intestine. A circular band of dense inflammatory deposit completely surrounded and obstructed the small intestine in the middle of its course. and had broken the continuity of the intestine through atrophy. proximal side of the alimentary canal was greatly dilated. The lumen of the severed distal part was very

small, nor could the ileum be distinguished from the colon. The mother had borne five healthy children and showed no signs of syphilis. Keller's patient was a male infant; it vomited all its milk in whatever way administered. It died at the beginning of the second week. The appearances were as in Mackenrodt's case, excepting that there was no perforation and that the closed, severed ends of the small intestine were smooth. He believed that the peritonitis was the primary disease in both cases. It had hindered the development of the intestine. Olshausen disagreed with this theory, believing that the malformation of the intestine was the cause of the peritonitis.

-Br. Med. Jour.

THE OVARIES IN OSTEOMALA-CIA.

Rossier made careful examinations of the ovaries in three cases in which castration was performed for the cure of osteomalacia. To the naked eye they showed nothing abnormal except hyperemia. Microscopically the stroma and follicles presented a normal appearance, but in the cortical substance the vessel walls were hypertrophied, and were the seat of extensive hyalin degeneration. Whether this points to a peculiar condition of the blood or not is mere inference. As regards the etiology of the disease, the writer regards Fehling's explanation as the most plausible, that it is a tropho-neurosis of the bones, due to some reflex influence originating in the ovaries.

—American Journal Medical Science.

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Frank S. Parsons, M.D., - Editor, DORCHESTER, BOSTON, MASS.

Joseph R. Clausen, A.M., M.D., Manager, No. 717 Betz Building, Philadelphia. Pa.

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THE SURGICAL RELIEF OF OBSTRUCTION OF THE COMMON DUCT BY BILIARY CALCULI.

BY HENRY O. MARCY, M. D., BOSTON.

In 1876 it was my fortune to care for one of the most intelligent of physicians who was suffering with an intermittent form of biliary obstruction, resulting, as he believed, from a calculus. He often discussed the feasibility of surgical relief and emphasis was made upon the belief that measures should be devised by which the foreign body could be safely removed. In fulfillment of a promise made him I examined the body after death and have now in my possession the obstructing calculus.

The clinical history of this patient is of practical interest. The suffering was intermittent; at times there was a marked icturus, followed by periods of comparative relief. He occasionally had bloody vomiting and much of his suffering was referable to the digestive tract. The immediate cause of death was hemorrhage from the stomach, and there were a number of infractions in the mucus membrane of this organ, as

also a marked stenosis of the duodenum caused by the cicatrical contractions.

It was believed that these pathological conditions were dependent upon secondary changes incident to icteric poisoning, since only at times of biliary obstruction did he have marked attacks of continued nausea and vomiting. A few years later another intimate friend suffered at times severely from biliary obstruction and often declared that she could determine with something of precision the location of the something that caused the attacks and determine with considerable accuracy the dislodgment of this something followed by speedy relief. These attacks became more frequent and severe, when the subject of surgical interference was discussed with Dr. C. Ellis, of Boston, one of the wisest of clinical teachers. The gallbladder was not especially enlarged and the obstruction was believed to be in the common duct, almost without question a calculus, but operation was decided against, since surgical exploration of the common duct was believed impossible.

Later the autopsy showed that the diagnosis was correct, and a careful anatomical study of the conditions found taught me to believe a surgical operation might have been performed, the offending calculus removed and the parts closed with a reasonable expectation of recovery.

Here, as in the first case, the icteric conditions had been intermittent for a period of some years, and when relief was obtained the patient would remain for several months in a condition of health, nutrition good and general vigor not impaired. Postmortem conditions were instructive in that the gall-bladder was small, contracted, the heptic structures not particularly changed; the obstruction was caused by a gall-stone, measuring one-third of an inch in diameter, lying in the common duct. The stone was movable, the mucosa of the duct was eroded with slightlybleeding walls apparently caused by recent pressure.

There had evidently been considerable play of movement in the dilated duct, perhaps explaining in a measure the intermittent symptoms of biliary obstruction. The fatal attack lasted but a few weeks, and as in the first case the nausea and vomiting were persistent, and toward the end a very considerable quantity of fresh blood in the vomitus was believed to have hastened the fatal issue. Toward the pyloric orifice the mucous membrane was broken, with several small bleeding vessels.

Within a few months a second case came under observation, a woman in middle life, previously in excellent health, was suddenly seized with seeming complete biliary obstruction, with forecastings of a probable fatal issue. Repeated consultations were held, in which surgical interference was discussed with her former physician, Dr. Z. Adams, of Framingham, and the late Drs. Ellis and Bowditch, of Boston. The probable diagnosis was accepted of biliary obstruction of the common

duct by a calculus with the possibility of malignant disease. I advised an exploratory incision, which was warmly supported by Dr. Bowditch, but was as strenuously objected to by Drs. Adams and Ellis. The decision was rendered adversely by the friends, who intelligently inquired as to the history of such operations, especially when I informed them that to the best of my knowledge surgical relief for biliary obstruction in the common duct had never been attempted by surgeons. The autopsy about two weeks later showed a gallstone impacted in the common duct, with a disorganized liver as the cause of death. A careful study of the conditions confirmed my conclusions arrived at in the former case that it would have been practicable to have removed the calculus with a fair prospect of subsequent recovery. I then determined that such experience should find fruitage in definite action. In 1887 Dr. W., of Vermont, aged 72, a physicial of exceptional intelligence, had suffered for a number of years with more or less severe attacks of biliary colic, which he thought were due to the obstruction of the common duct by a gall-stone. Through his thin, relaxed abdominal wall he believed at times he could differentiate a foreign body, which movable and which often acted as a valvular wedge, causing obstruction of the common duct. When these attacks came on the gall-bladder would become dilated as a small, tense, painful tumor, followed by jaundice, which after a time would subside with a retrocession of the obstructing mass and a relief in his biliary suffering. The last attack continued much longer than usual, and the doctor himself believed it would result in a fatal issue unless in some way speedy relief could be given. As a consequence I was summoned. The patient had been unable to sit up for some days, vomiting more or less constant, emaciation extreme, the patient evidently in immediate danger. There was much pain and tenderness at the base of the liver, and just to the right of the median line there could be felt a

small, ill-defined mass which the doctor emphasized as the location of his obstruction.

An incision was made parallel to the lower rib, the base of the liver was easily found, and a rather small, undistended gall-bladder was exposed which was intimately bound to the transverse colon by old, firm, vascular adhesions. The incision was extended toward the median line, but the adhesions were everywhere encountered, and a further dissection was reluctantly abandoned. A small calculus could be felt in the common duct which I dislodged with the finger and pushed upward into the gall-bladder. It could have been removed through an incision made into the duct and the wound closed, but it had not then occurred to me to do this by means of buried sutures, and the adhesions of the gall-bladder to the parts about rendered it impossible to attach an opening made in it to the parietal peritoneum for drainage. I therefore re-luctantly abandoned further effort for its removal, and closed the wound without drainage. Immediate recovery followed, with primary union, with marked relief to his obstructive symptoms. However, after a period of relief these returned with all their former severity, soon followed by death.

A careful autopsy was made by Professor Frost, of Hanover, who reported that a calculus about the size of a walnut was in the greatly dilated common duct, producing complete occlusion. Although the hepatic structure was not materially changed, yet the old adhesions binding the gall bladder to the transverse colon were so extensive that the post mortem dissection was made with difficulty, and on this account further operative measures would have been, in his judgment,

uniustifiable.

Case V.—Mrs. L., aged 40, has had several attacks of biliary colic of a serious character accompanied with jaundice. The last attack preceding the operation occurred in August, 1889. Life at that time thought to have been imperiled, and she has not been quite well since. Entered my

private hospital. Has severe local pains, some vomiting, markedly jaundiced, dark wine-clay colored stools, thick abdominal wall, beneath which a considerable sized fluctuating tumor is well defined, the base of which is quite on the line with the umbilicus. Operation October 26, 1889, assisted by Drs. Clark and Nelson. Immediately upon my dividing the peritoneum the cystic growth distended the lips of the wound. Attached it to the peritoneum by a double row of tendon sutures and incised. Ten ounces of thin, light-colored bile escaped, floating out with it a gall stone the size of a large almond. Since it was apparent that biliary obstruction could not result from a large stone floating in a dilated gall bladder further operative measures were necessitated. Careful probing revealed the presence of another calculus situated deeply toward the median line, quite beyond the cystic duct. A free flow of bile continued through the opening in the gall bladder, showing that the hepatic duct was not occluded. All effort at dislodgment failed, and as much force as was deemed justifiable was used in the attempt to crush it by pressure upon the walls of the duct, but without avail. With long, slender forceps I could obtain an imperfect hold upon the calculus, and with the blunt uterine curette partially rotate it.

The bladder was washed out with a sublimate solution, the stitches cut away, the wound packed with sponge after having somewhat forcibly drawn the gall bladder through Even this procedure did not enable us to seize and remove the calculus. I then divided the walls of the common duct with scissors and everted the edges from over roughened calculus, which was even then removed with difficulty. Further probing not only demonstrated that there were no more calculi, but after delicate manipulation the probe passed easily some inches be-

youd into the intestines.

It now was a question of importance how to close this long, deep opening. The abdominal cavity had been shut off by sponge packing and

fortunately kept entirely clean. The operative field was much more accessible than had been deemed possible. The incision in the abdominal wall had been extended nearly to the median line, about five inches in length, the dividing duct was quite the size of the little finger, its walls much thickened. With a fully curved needle and a carefully selected tendon suture I united the divided edges of the thickened mucous membrane of the duct and gall bladder by a continuous suture. This was followed by another layer of continuous tendon sutures carefully coaptating the peritoneal edges, while over all a third layer of tendon sutures was applied, parallel to the stitches taken the long axis of the wound through the peritoneum about three lines from the cut edges, each succeeding stitch entering exactly opposite to the emergence of the preceding one. Tension upon this suture not alone buried it, but intrafolded the uninjured peritoneum with exact coaptation. The wound through the duct and gall bladder thus closed measured four inches. The sponge packing was now removed; the contiguous deeper structures were uninjured. The peritoneum was closed with a double tendon suture and the sundered muscular structures similarly in separate layers. The skin was also coaptated by a layer of

buried tendon sutures, and the wound sealed with iodoform collodion. Of course this method of closure does not permit of drainage. It is the method, however, which I have advocated and practiced for the closure of all aseptic abdominal wounds for many years.

Rapid convalescence ensued without incident. This rough mulberrylooking calculus, grape size, was the offending member, weighing, when dried, 59 grains.

These preceding histories were much more briefly reported and published in a contribution entitled "Surgical Relief of Biliary Obstruc-' read before the Surgical Section of the American Medical Association, at Nashville, in 1890. I have reported these cases with greater accuracy of detail since Dr. Christian Finger in his valuable contribution entitled "Stones in the Common Duct and Their Surgical Treatment," published in the American Journal of Medical Sciences, in 1896, states that "Courvoisier was the first to perform choledocholithiotomy." He had made the diagnosis of choledochus stone and had planned the operation. His first operation was performed January 22, 1890.

Since the date of my publication, in 1890, I have operated a number of times, and give my fullest approval to the advisability of surgical relief for biliary obstruction of the common duct in properly selected cases.



HYDROZONE FOR DISORDERS OF THE GENITO-URINARY TRACT.

BY JOHN AULDE, M. D., PHILA-DELPHIA, PA.

Within the past ten years marked changes have taken place in both medical and surgical treatment of genito-urinary affections. The influences relating to the rapid multiplication of micro-organisms are now fully recognized and the aim of the practitioner is directed to their destruction. No remedy has been found more successful in this class of cases than the local employment of nascent oxygen, which is but an allotropic form of ozone. We are indebted for this discovery to the investigations of Dr. Benjamin Ward Richardson, of London, who elaborated the principles nearly forty years ago. For the most part, surgeons and medical practitioners have employed the medicinal peroxide of hydrogen, but later investigations have added material resources to our armamentarium, one of which is hydrozone, which contains at least double the amount in volume of oxygen hitherto accepted as the standard for medicinal peroxide of hydrogen.

About eight years ago I was very forcibly impressed with the clinical properties of hydrogen dioxide through its prompt action in a case of protracted gonorrhea. The patient had suffered for about three months, and notwithstanding the most earnest solicitations of several

attendants the discharge had persisted. In addition to this, there was an orchitis present, the left testicle being about the size of a baseball. Treatment consisted of the local use of injections of equal parts of hydrogen dioxide and moderately warm water, used at intervals of four hours, these injections being followed by a solution of arsenite of copper containing one milligram (one 65th grain) to the drachm, diluted with an equal quantity of hot water. The object of these injections was twofold: First, to cleanse the urethra by the destruction of micro-organisms, and, second, to stimulate the functional activity of the epithelial cells, thus enabling them to resist the absorption of poisonous products. For the relief of the orchitis a suitable suspensory bandage was supplied, together with the local application of a stimulating ointment composed of mercury biniodide and lard, one part to ten. The ointment was applied at intervals of twentyfour hours for two or three times, when the swelling had perceptibly diminished and convalescence had begun.

In the course of a week this patient, who lived in a distant State, had so far recovered that he was able to return to his home, although he remained under treatment for a period of ten days, during which time

the ointment was reapplied once. The discharge from the urethra had entirely ceased, pain had subsided and chordee had disappeared.

The same method of treatment is equally effacious in the treatment of non-specific urethritis and ordinary forms of gleet, but as hydrozone is so much more concentrated and perfectly harmless, it should be given the preference over medicinal hydrogen dioxide. This will be understood when the advantages of using hot solutions are taken into consideration. Hot solutions of either hydrogen dioxide or hydrozone quickly liberate the nascent oxygen and thus diminish the activity of our medication.

The value of this product is to be commended in the treatment of vaginitis and vaginismus, where hot solutions are especially indicated. Heretofore it has been the practice of physicians to recommend the employment of a hot vaginal douche, with or without some alkaline substance, such as sodium bicarbonate or boric acid, to be followed by a small quantity of medicinal peroxide of hydrogen combined with either warm or cold water; but with the increased volume of nascent oxygen contained in hydrozone a single application of the hot solution, one part to eight, will be found quite as effective. The patient should be taught how to employ the douche in order to obtain the best results. She should have a fountain syringe, in which the medicated solution is placed; it is then hung upon the wall at a distance of six feet from the floor and the patient sits upon a suitable vessel. The rubber tip of the hose is then introduced well back into the vaginal cavity, so as to avoid introducing the solution into uterine cavity, and with the fingers of the disengaged hand the patient compresses the labiae, allowing the medicated solution to distend the vaginal cavity, by which it is brought into contact with every portion of the diseased tissues. This plan should be repeated at least twice in twenty-four hours.

In the treatment of uterine disorders, where it is necessary to bring

the medicated solution into contact with the lining membrane of the uterus, the patient should be placed in the recumbent position, with the hips well elevated, as in the case of other uterine applications. An ordinary dilator is then employed to distend the cervix, so as to permit the introduction of the nozzle of the syringe. The distention should be sufficient to permit the exit of the injected solution, or a suitable return-flow tube can be used instead. Certain precautions are necessary in making these applications, especially in chronic cases, because the effervescence attending the destruction of unhealthy mucus in the uterine cavity may be sufficient to drive a small portion of the debris into the Fallopian tubes. This danger, however, can be reduced to a minimum by the liberal use of the hot medicated solution and afterwards instructing the patient to sit up in bed. The pressure thus brought upon the uterus is sufficient to cause the discharge of all debris resulting from this application.

In this class of cases it is of the utmost importance that none of the vaginal secretions should be permitted to enter the uterine cavity, which can be avoided by having the patient take a preliminary vaginal douche, using the medicated solution. Where this cannot be accomplished, or seems unnecessary, the vaginal tract should be cleansed by the local use of the medicated solution after introducing the speculum.

A word of caution should be added in regard to the vaginal douche. Where the cervix is patulous and the patient takes the vaginal douche in the recumbent posture, using the precaution above described to insure the full distention of the vaginal cavity, a portion of the debris would almost certainly find its way into the cavity of the uterus, and with it probably more or less of the poison, and thus we have uterine disease superadded to the vaginal affection. Undoubtedly many cases of uterine disease have resulted from a failure to observe this precaution.

Diluted hydrozone will be found an efficient remedy for the relief of cystitis, occurring either in the male or female. In chronic cases the amount of the solution (1 to 8) must be limited, owing to the thickening of the walls of the bladder and the pain resulting from the muscular contractions after the withdrawal of the solution. Gradually, however, the amount of solution can be increased. In addition to the local treatment of cystitis and gleet, and sometimes in chronic cases of gonorrhea, much benefit will be derived from the internal administration of calcium sulphide, about one-tenth grain, at intervals of two hours.



VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYS-IOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from November 7th Number.)

PROPHYLAXIS AND SECONDARY HEMORRHAGE.

It has been denied by some surgical authorities that there is such a thing as secondary hemorrhage. Indeed, not long since a speaker of some note raised the question in one of our societies whether there really was such a thing, or such a condition, strictly speaking, as secondary hemorrhage.

He took the ground that where there is a grave or mortal loss of blood after operation there had been faulty or imperfect primary hemos-

tasis.

If this position could be supported it would impose a serious responsibility on the surgeon in every operation of any considerable magnitude that he might undertake, and would controvert one of our best established doctrines of pathology.

But unhappily clinical and experimental facts totally overthrow this view, and prove beyond question that by no means or provision known to surgical art can we always forestall a secondary leakage. Time and time again the cautious surgeon will search with vigilance for any bleeding point before he closes a breach in the parts or seals a cavity, and leave a dry, bloodless surface, to be hastily summoned to a patient approaching or in collapse from the opening of vessels which now give issue to blood, or which have displaced their ligatures. In abdominal surgery for non-inflammatory conditions secondary hemorrhage is the bete noir of the operator. fact perfect hemostasis in the surgery of the female generative organs within the pelvis is scarcely compatible with the ultimate integrity of the urinary viscera after operation. This was well illustrated in the unrivaled operative successes of the late lamented Keith. His patients almost invariably survived operation because he securely clamped and charred with red irons the pedicular stumps, and let it be remembered that there is no hemostatic so effective as the potential cautery; but after operations so many of his patients dragged out such a miserable existence from the consecutive inflammations which matted everything together in such an inextricable mass—adhesions everywhere that when Apostolli's new methods of treatment for tumors, he was among the first to lay the scalpel aside and eagerly seize on this much vaunted method of tumor treatment.

In Senn's late remarkable record in extirpating uterine fibroids note that he had no mortality, but it will be observed that in no instance did he venture to leave the free stump in the peritoneal cavity. On the contrary, in every instance the pedicle was dragged up out of the abdomen and anchored in the wound, with its free, gaping vascular

surface exposed.

This method is no doubt the safest and most secure, but as Dr. Kelly, of Baltimore, properly declares, it is not ideal surgery, inasmuch as the stalk of tough fibrous tissues, dragging the abdominal wall into the pelvis and itself a perpetual horizontal bar lying across the abdominal and pelvic cavities, must seriously and for all time interfere with the functions of the neighboring organs.

Last year during a series of experiments on the transparent blood vessels of the frog's webbing I was enabled to observe the effects of an anesthetic alone on vascular tension, and there witnessed enough to readily explain the great tendency to consecutive flooding after ether is

withdrawn.

The danger, however, is always present in any serious operation, whether an anesthetic be employed

or not.

As the hour approaches for an operation, many are seized by the most distressing apprehensions and fright, become pale and tremble, and, though they possess an individuality of great fortitude, the moment the cold steel is sunk into the tissues their courage and strength collapse and a dangerous syncope may set in. During this stage an operation may be practically bloodless, or nothing will bleed but the larger arteries. More or less of this state of great depression obtains in every capital operation under ether. Shock there will be and must be in all mutilating operations on the human body.

Recovery from it may never fol-

low in some, while in others, rapidly.

And now, that vascular tone once more asserts itself, beware of hemorrhage; be vigilant and scrutinize the state of the dressings, and the

condition of the patient.

The first element in effective prophylaxis is vigilance. The next is cool deliberation and courage. Now, anatomical knowledge, experience and skill come in. No time is to be lost. The self-assurance and confidence of the operator will inspire courage in the patient.

But relief must be prompt, direct and effective. In an emergency of this kind, except as an extreme and last resort under extraordinary circumstances, it is not well to depend on any description of styptics or packing of the wound—the one only security depends on seeking out the bleeding vessel and ligating it.

It is of greatest importance in all these cases, after great loss of blood, not to fail to utilize the free intravenous or hypodermic injection of large quantities of artificial serum.

A common Davidson syringe with a perforated needle attachment will answer in any case as an injector, and it is only necessary that it be thoroughly aseptic and tight-jointed that no air can enter during its em-

ployment.

Without any injector at hand, then there can be no question, but free libations of water and alcohol are of infinite value either by the mouth or rectum, or both. The patient should be laid flat on the back and kept quiet, in a well-ventilated room.



INJURIES TO THE BACK, WITHOUT APPARENT MECHANICAL LESION, IN THEIR SURGICAL AND MEDICO-LEGAL ASPECTS.

"Est brevitate opus, ut currat Sententia."

BY EDWARD C. MANN, M. D., NEW YORK.

As a general rule in surgery the effects of all injuries are constitutional and local. In this paper we propose to treat of a class of injuries where the effects are, as a rule, remote rather than immediate, and which in many instances affect the mind quite as seriously as the body. The immediate constitutional state after an injury to the back may be one of prostration and shock to the nervous system, in which we find our patient perhaps partly unconscious, with a feeble pulse and imperfect respiration. There may be complete syncope, with the pulse and respiration not perceptible, or the nervous instead of the vascular system may be principally affected and the patient may be incoherent or perhaps comatose, nausea, vomiting, suppression of urine and convulsions, especially in children, may occur. The local effects in injuries of the back where they occur, but a class of injuries not included in the scope of my paper, include wounds, contusions or every kind, fractures and dislocations. Injuries to the backs of children may occur from blows or falls without any obvious lesion of a mechanical nature occuring, and after some time elapsing we shall see our little patient complaining of a good deal of pain, and upon examination we shall discover redness and swelling in the tissues, and with the history of a fall or blow in the back. I should at once in such a case diagnosticate the existence of caries. Finally, in these cases an abscess forms and after our incision to let out the pus we shall easily feel the carious bone with our probe. abscess leaves fistulous openings,

from which there is more or less sanious pus discharged, and the fistulous opening is surrounded by unhealthy granulations. These cases occur from injuries to the back much more frequently, I am satisfied, than is imagined by the profession, and I would urge upon them the necessity of impressing upon the mothers the necessity of not trusting their nurses so implicitly as they do, as the latter are habitually untruthful when questioned about falls. I have seen a nurse girl give a child a thump on the back well calculated to develop caries of the spine in that child if it happened to come of consumptive or scrofulous stock, and in my daily round of professional duties I stop very often to administer the sharpest rebuke of which I am capable relative to their care, or want of care, more properly speaking, of the children they are nursing. I cannot refrain right here from plainly speaking my mind, as I am accustomed to do very freely on the nurse question as it affects our children. Utterly unprincipled, often without a vestige of chastity, these women, I am satisfied, often are the cause of conveying, in one way or another, to their infant charges that most widespread national curse, syphilis. Why not our American mothers guard their offspring more jealousy, and instead of giving their babes to a hired nurse, who comes out of an intelligence office, and whose home is in the slums of the city, where probably there are two or three syphilitic people in the house, look themselves for a different class of nurses? Among our society women the nurse perceives very soon that her duty

is to see that the child does not disturb or interfere with the mother's society duties(?). There are too many of these society mothers, who willfully neglect the most precious legacy that they can ever have—the guidance of an immortal soul-and to fulfill what they consider of more importance—the claims of a society that would very quickly ignore their very existence did their social position become lowered by the loss of money—they give up to ignorant and vicious servants the duties which, if properly performed, are the crowning glory of motherhood. I know whereof I speak, having put many a beautiful child on an anticyphilitic treatment, where by patient investigation, and I always probe these things to the bottom, I have traced the infection straight to the servant's home. Having thus unburdened my mind on this subject, I will get back on the path from which I fear I have strayed very far away. In a violent injury to the back of an adult the shock is the first thing that occurs, and our patient may die immediately, with no apparent mechanical lesion. If our patient survives the shock inflammation sets in and our patient may develop a meningitis. The symptoms of severe concussion are pallor of the face; the respiration gasping and afterward becoming pretty normal; pupils dilated; difficulty swallowing; pulse feeble perhaps slow, and consciousness muddled. Our patient might appear to be feigning. We may possibly have unconsciousness. In these most severe cases the cord is contused, and if our patient dies and we make a post mortem we may find a little red point of extravasation. In these cases should use for stimulants carb. of ammonia or alcohol moderately, with bags of hot sand to the body with friction. Hypodermics of 1-100 gr. of atropia are also indicated. We must avoid all excessive stimula-When our patient recovers from the immediate shock he will have confusion of ideas. He may have nausea and vomiting, which are good signs, as when the injury is

very severe our patient will not vomit and may not if it is very slight. If the brain is implicated, as it may be, and there is compression shall find dilated pupils, a comatose condition, the respiration stertorous and the cheeks and the alae of the nose moving at each movement of respiration. The velum palate is paralyzed and there is rattling of mucus in the throat. The pulse is slow and laborious. If at the end of ten days, after a severe injury to the back, the patient has slight rigors and becomes partially or wholly unconscious we are to infer that inflammation has been set up and that supporation has taken place. These cases are almost always fatal. We may have a paraplegia. We may have epileptiform convulsions. The paralysis, if it occurs, is caused by hemorrhage of some of the vessels of the cord, coming on as reaction comes on, or in a few days or weeks as the result of contraction of lymph or pus. There may possibly be a fracture without apparent mechanical lesion, and in these cases we shall get either antero-posterior or lateral deformity of the injured part of the spine. If the injury occurs above the fourth cervical vertebra the pressure on the phrenic nerves will give rise to death from apnea. In these cases the respiration is stopped either at once or in a few days. If an injury occur to the back in the dorsal region and we find paralysis the upper extremities and paralysis of the bowels we may diagnose a possible fracture, even if not apparent. If in an injury to the back in the lumbar region we get paralysis of all the parts below the seat of injury we may also diagnose a possible fracture, although not necessarily. We should never in suspected fractures of the spine endeavor to get crepitus. A fracture here will probably kill our patient, while patients not very unfrequently recover from fracture in the dorsal region. In a suspected fracture we should put the patient on his back and make extension and counter-extension, and union may take place. We should put our patient with any serious injury to the back on a water

bed, so as to get equable pressure, and use a catheter three or four times in the course of twenty-four hours. If there is a tendency to paralysis a pill of croton oil, strychnia and colocynit may be used. Injuries to the back may be complicated with fractures of the hip, where there may be fracture of the cervix within the capsule, an extra capsular fracture or fracture of the brim of the acetabulum or of the floor of the acetabulum. We may possibly get as a complication dislocation of the hip.

CONCUSSION OF THE SPINE.

There is no class of surgical injuries of more interest to the practical surgeon than those which come under this head. No injury to the spine, however slight, arising from shocks to the body generally, as in railway accidents, or from the ordinary accidents we meet with general practice, comprising falls, blows, horse and carriage accidents, is too trivial to be overlooked, as the spinal cord may be functionally disturbed and even organically diseased from any and all such spinal shocks and injuries. We may have local and constitutional, immediate and remote effects from these injuries. The primary effects of a concussion of the spinal cord are due to molecular changes in the structure of the spinal cord, while the secondary effects are of an inflammatory character, consisting of a meningo-myelitis, disturbances nutrition, with great mental and moral depression. There is change of character, irritability of temper, and often impairment of some of the special senses. Death may occur after chronic inflammaof the membranes tion and cord, lasing for three four years, during which time our patient's health has gradually been breaking down, with slow extension of paralytic symptoms. The symptoms may be immediate or they may develop slowly after an interval of some months. In a direct injury to the spine we may find our patient with a bruise on his back, with pain on pressure, with con-

sciousness intact, with partial paraplegia, with more or less numbness. Febrile reaction sets in and lasts for a few days, during which time out patient may not be able to empty his bladder, necessitating the use of the catheter every eight hours. We may find a great latitude as to the extent, degree and relative amount of paralysis of motion and of sensation in any given case. If the direct blow is on the dorsal or lumbar vertebrae paraplegia usually results. Sensation is necessarily effected. spasm and rigidity of the muscles may occur, the sphincters may be involved and we shall have much pain. There may be incontinence of urine or there may be partial or complete retention. Low temperature is the rule in spinal injuries, a high temperature when we meet with it being indicative of inflammatory troubles. When we find a fatal result it is due to hemorrhage, laceration, extravasation or to inflammatory softening, and our patient's recovery may be complete or incomplete. A considerable length of time may elaspe between a spinal concussion or injury to the back and the development of the symptoms of the injury, which may be so slight perhaps as to attract little attention at the time. The muscular, tendonous and ligamentous structures of the spinal column may be very violently wrenched and sprained by injury or concussion without injury to cord itself. These may recover in a few weeks, or in delicate persons they may lay the foundation for serious organic disease. If inflammation is developed in the fibrous structures it may extend to the meninges of the cord, and this possible danger should not be overlooked or ignored in our prognosis. Our patient may slowly develop cerebral symptoms from the extension upwards of meningeal irritation. After a spinal concussion it is not at all uncommon for our patient to undergo a gradual change, both mentally and physically, and he is never the same man again. He gradually becomes an invalid, unable to apply his mind to business or to stand the ordinary cares and worries of life, which previous to his injury had never troubled him. There is decided mental failure, which may proceed to complete imbecility or insanity. The mental responsibility of such a person is greatly lessened and his testamentary capacity may be also affected. I hold that when injury of the back is severe enough to produce at the time of the injury unconsciousness, insensibility, stupor or syncope that the severity of the concussion is such as to produce an immediate injury of the greatest nature to the central nervous system and that never afterward does such an individual have complete restoration to health. After a concussion of the spine many weeks or months may elapse before the more positive and distressing symptoms occur. In the interval, however, our patient suffers from poor health, his nervous power has gone and his face is anxious and careworn. His memory is defective, his thoughts are confused, the business apitude is lost, the temper is changed, the sleep is poor and the special senses are impaired. There is also loss of motor power and a diminution of sensation in the limbs. Our patient at first complained of weariness on slight exertion, either mental or physical, followed by the modifications in sensibility, pain and rigidity of the spine, cerebral disturbance, and, as I have remarked, loss of motor power. When there is myelitis the sensibility is at first augmented, and then as the myelitis becomes chronic the gait is very much affected. Whether acute or chronic, myelitis is much more apt to attack the lower portions of the cord than the upper, and when it attacks the upper portions of the cord and we get cerebral complications we may be sure we have more or less spinal meningitis. The coexistence of meningitis and myelitis is what we generally find in our patient who has suffered from severe injuries to the back. I think it is rare to find inflammations of spinal membranes limited to the spinal cord, and think that there is an extension of the morbid process, which gives us as a result an increased vascularity and inflammation of the arachuoid. In spinal meningitis we have as the most marked symptom severe pain along the spine and down both legs. These attacks of pain may be separated by intervals of almost complete ease and comfort. The pain is soon accompanied by stiffness of the muscles of the back and legs. Any movement of the body, neck or legs gives rise to pain. There is absence of paralysis; some exaltation of sensibility; loss of power over the bladder and partial loss of power over the bowel. There is absence of spinal tenderness and there is also an absence of marked spasmodic symptoms. proportion as the higher portions of the cord are affected there is difficulty of mastication and deglutition. Difficulty of breathing generally is present. There is little sympathetic fever, and there may or may not be cerebral symptoms. There is no increased reflex excitability.

Myelitis is characterized by paraplegic anesthesia ushered in by tingling in the parts, which presently become anesthetic. The paraple-gia is preceded by restlessness rather than by more marked symptoms. There is a very uncomfortable feeling of tightness around the waist or elsewhere as a constant symptom in myelitis. There is, in my experience, as a rule, absence of pain except when our patient is suffering from the combined meningomyelitis, of which I shall presently speak. In simple myelitis I do not think we have much pain in the spine or extremities. There is an absence of spasmodic symptoms. As a very early symptom there is a want of control over the bladder, which depends upon a paralysis of the accelerator urinae and compressor urethrae muscles. There is a want of control over the rectum also, caused by paralysis of the sphincter ani. There is absence of tenderness on pressure in any part of the spine. There is an altered sensibility to heat and cold, by which a feeling of burning is felt when a sponge soaked in moderately warm water or a piece of ice is applied immediately above the seat of inflammation.

There is annihilation of reflex ex-

citability.

There is diminution of electro-motility and electro-sensibility in the paralyzed muscles.

There may or may not be priapism.
The urine is generally alkaline,
but neither always or necessarily so.

There is marked difficulty in breathing. The state of the circulation is asthenic.

There is a tendency to bed sores, and there is in simple myelitis ab-

sence of head symptoms.

In our patient who has suffered a severe injury to his back we very probably may have co-existing cerebral meningitis, spinal meningitis and myelitis, and the symptoms will be those of meningitis or myelitis as the one or the other preponderates. Our patient finally, as the result of nervous shock from an injury to his back, may escape organic trouble but develop spinal anemia and marked hysteria, lasting many months.

Meningo-myelitis is a very serious disease and one which devitalizes the whole system. If our patient recovers he is probably a broken-down man and we must hereafter keep him on cod liver oil, phosphorus, arsenic and bichloride of mercury, with electricity to improve the general nutrition. Our patient who has had a spinal injury may have his vision very materially impaired. There may be a weakness of sight, an intolerance of light, double vision, amblyopia, paralysis of accommodation and anomalies of refraction. These optic lesions are due to extension of meningeal troubles to the cerebrum. If the brain is unaffected the impairment of sight may be due to the action of the sympathtic nerves. The filaments of the sympathetic that supply the eye take their origin from that part of the spinal cord which is contiguous to the origin of the first pair of dorsal nerves and the portion of the cord which extends from the fifth cervical to the sixth dorsal vertebra possesses a distinct influence on the eyes and vision. I consider it certain, therefore, that we get an affection of the optic disc and its vicinity from the

various disturbances of the spine consequent upon injuries to the back. These optic lesions are principally due to a cerebral meningitis that commenced as a spinal meningitis. We have perverted, impaired or lost sensibility of the optic nervous tract as the result of spinal concussion, with atrophy of the optic disc as the final stage. Where the brain is unaffected the loss of sight is due, therefore, to the transmission of the morbid action from the cord to the vessel of the eye by the agency of the sympathetic nerve rather than by extension of inflammation.

The medico-legal aspect of a case

where there has been a severe in-

jury to the back, causing concussion of the spine, I should state very decidedly but briefly: Our patient's mental and physical vigor are gone, and if the changes have been organic in the cord and brain, gone probably forever. He never can be the same man as before the injury. Death is far preferable to a life of hopeless invalidism, as many such patients must ever after lead. My prognosis in these cases is always very grave, if, after a year or two has elapsed from the time of the occurrence of the accident, the symptoms of meningo-myelitis either continue to be gradually progressive, or, after an interval of quiescence, suddenly assume an increased activity. Cases of injuries to the back without apparent mechanical lesion may die, first, at an early period by the severity of the direct injury; second, at a more remote date by the occurrence of inflammation of the cord and its membranes, and, finally, after the lapse of several years by the slow and progressive development of structural

concussion never, or very rarely.

My prognosis in these cases is always very guarded. The chances are decidedly against our patient as re-

changes in the cord and its mem-

branes. Our patient, if he does not

die, may have a mitigation of his symptoms—an amelioration, but a

thorough cure after severe spinal

gards complete recovery.

The general health, I think, tends progressively to break down, and if our patient gets up a chronic myelitis the chances are that he will die in a few years. Those cases are the most favorable in which the symptoms attain their intensity soon after the injury, while a long interval between the receipt of the injury and the development of the spinal symptoms is unfavorable to our patient's recovery. The treatment is rest, counter-irritation, nerve sedatives and the constant current of electricity to the spine. For a constitutional treatment I prefer iodide of bark and bichloride of mercury with ol. morrhuae. The constant current is indicated when our patient has developed a spinal anemia, and the phosphide of zinc and strychnia are In inflammatory valuable also. states of the cord electricity and strychnia would be contra-indicated, while ice bags and ergot would do We must give our patient cheerful surroundings and build him physically and mentally, and in exceptional instances I have seen complete recovery.

1. It is important from a medicolegal point of view to remember that from an injury to the back we may have unsuspected fractures of some of the vertebrae and that, although there may be no head symptoms and no head injury and no paralysis, yet the injury inflicted may be of a fatal nature, although life may be prolonged for several days until death occurs from some accidental movement.

2. We may also have injuries to the back or spine occurring that are necessarily fatal without any direct blow on the spine, but from falls on the head. We may get an inflammatory softening and disintegration of

the cord in such cases.

3. We may have many diverse kinds or varieties in the extent and degree of paralysis of motion and sensation. Of course, the symptoms in any given case will be varied in character and extent according to the location of the injury, the force with which it has been inflicted and the amount of organic lesion that the delicate substances of the spinal cord has suffered from by the shock or jar that has been inflicted upon it.

4. We may have a severe contusion with paraplegia and an unsuspected laceration of the intervertebral ligaments, followed by death in a few days.

5. We may have a slowly-developed spinal meningitis from a direct injury to the back in railway collisions, terminating eventually in

death.

6. We may have a direct injury to the back and slow development of

paralytic symptoms.

7. We may have compression and concussion of the cervical spine from a blow on the head, with paraplegia and a slow recovery.

8. We may have falls from horseback or from carriage accidents, with concussion of the spine, immediate paralysis and complete recovery.

9. We may have a direct injury to the back without apparent mechanical lesion, followed by a paralysis

of one limb only.

10. We may have a concussion of the spine by falls on the back, followed by partial paralysis of sensation and motion of the lower limbs without affection of the sphincters and terminating in incomplete recovery.

11. We may have falls on the back, with partial paraplegia and recov-

erv.

12. We may have cases of slight injury to the head and back, followed by serious, persistent or fatal results.

13. We may have epilepsy appearing by transmission in children whose parents have become epileptic by an injury to the spinal cord.

14. We may have hyperesthesia, anesthesia, pains and perverted sensations of all sorts and kinds in cases of spinal concussions from injuries to the back.

15. After an injury to the back we may have complete recovery, incomplete recovery, permanent disease of the spinal cord and meninges, or fin-

ally death.

16. We may have a terrible nervous shock resulting from injuries to the back, no immediate effects, a chronic meningitis of the cord and base of the brain and an imperfect recovery.

17. We may have a violent fall, with no injury externally apparent on the back or head, in which the patient is much shaken, develops concussion of the spinal cord and makes a very slow recovery.

18. These general shocks, with symptoms of spinal concussion and meningitis, are generally the result

of a railway collision.

19. We may have sprains or violent wrenches of the back or spine, followed by every variety of harm to the spinal column, ligaments, the

cord or its membranes.

I have a patient now under treatment, where as a result of a fall affecting the sacral, gluteal and lower lumbar regions, my patient suffers intensely over the left sacro-iliac synchondrosis. There is great tenderness on pressure and the pain is greatly increased by movements of all kinds. There is no external sign of any injury, such as swelling, heat or discoloration. My patient cannot hold herself erect without an crease of the pain and she, therefore, stoops forward a little and inclines to the left side. She drags the left leg perceptibly. She evidently in falling bruised the aponeurotic and fascial structures in this region and severly sprained the sacro-vertebral, ilio-lumbar, the sacro-iliac and the sacro-sciatic ligaments by her severe accident. The question in her case now is, Does absolute sacro-iliac disease exist? I am afraid the prognosis in her case, as in a great many of the cases we meet with in practice resulting from injuries to the back, will be-progressive

DETERIORATION.

It will be a most interesting clinical study, and one of the very greatest medico-legal importance, if the New York Academy of Medicine

would appoint one of its best surgeons, like Drs. Bull or Weir, to cooperate with some Brooklyn surgeon, like Dr. Malcolm G. Parrott or Dr. Elliott Langstaff, Professor or Wright, of the Long College Hospital, to abtain access in the interest of science to those cases of the people who were shot down ten stories by the accident of Tuesday, November 17, to the elevator in the American Tract Society building. Nassau and Spruce streets, New York, and make careful and repeated examinations of these cases who were in the car, as it is highly improbable that any of them will escape such a concussion of the delicate nerve elements of the spinal cord as will provoke a traumatic lesion. I should rather be inclined the doubt the quality of our resources in diagnosis than to suppose that such a severe shock could take place and the cerebric nervous system escape injury. Additional interest attaches to these cases on account of the recent writings of men who are always called into Court in railway accidents to testify to the fact(?) of there being no such thing as concussion of the spine resulting fatally from railway collisions. Professor Frank H. Hamilton, than whom there were few better surgeons in the United States, became so disgusted with this species of testimony in cases for damages for such injuries received that he refused during the latter part of his life to appear in Court as an expert at all. To imagine that such a man had his opinions altered on any case by reason of his receiving a fee was the most absurd thing imaginable; for his opinions were the result of well-matured thought, wide observation and great wisdom.

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ACUTE MENINGITIS FOLLOWING CHILDBIRTH.

It is rarely that one has opportunity to witness cases of acute simple meningitis in the adult female in private practice, whether occurring after childbirth or not. Two such cases have come under our observation. One in November of 1890 and one in November of the present year. Both cases developed about two and a half weeks after remarkably easy labors, in women of strong constitution, with no symptoms of renal or other disease and no septic contaminations.

The first case was that of an American woman, and developed suddenly with convulsions, subsultus tendinum, picking at bed clothes, moderate fever (101-102 degrees F.) with subsequent coma, further rise of temperature and intensified symptoms of acute meningitis, and with death in forty-eight hours from first symptoms.

In this case the labor had been precipitous, the child having been

born before the arrival of the physician. Everything seemed normal, however, there being no lacerations, and the subsequent two weeks passed without event. She left her bed on the tenth day and felt usually well.

The last case, a healthy, strong Irishwoman, was delivered of a child at term with the assistance of ether and forceps. The perineum was slightly torn, but immediately repaired and union, subsequently, was perfect, the three stitches necessary being removed on the tenth day. Some irritation was set up in the bladder, probably from catheterization, but after a couple washings of the bladder with a borax solution this disappeared. She nursed her baby and got up on the fourteenth day, apparently well. A day or two afterwards she complained of frontal headache and that light hurt her eyes, but did not call her physician until convulsions developed suddenly on the evening of the seventeenth day after confinement.

The early symptoms in this case were misleading, and the writer did not see the patient until the morning following the convulsive attack, when coma had supervened and the pupils were not responsive to light. A diagnosis based on the experience of the former case was made of acute simple meningitis.

The puzzling symptoms of this

case were the following:

Pulse 100, full, strong, compressible.

Temperature 101 F. (moderately low for meningitis).

The absence of vomiting at any time during the attack or prior thereto.

These facts might point rather towards hysteria than meningitis, for one naturally looks for vomiting and a higher temperature in the latter disease.

Treatment consisted of ice to the head and fly blisters. Bromides had been administered during the convulsive stage, freely, but during coma the patient could not swallow, so they were discontinued. Bleeding might have been of use at this stage, but, in discussion, considering the loss of blood after confinement, it was thought best not to apply it.

As the day wore on the pulse became more normal, and the tempera-

ture remained the same, but coma became more deep. A guarded prognosis was given.

The following morning Cheyne-Stokes respiration had developed, with a temperature of 103 1-2 degrees and a pulse of 180, strong and full.

These symptoms, of course, dispelled all doubts as to diagnosis and prognosis, and the woman expired some 52 hours after the first symptoms of headache.

The interesting factor in this class of cases has to do with their dependence or non-dependence on parturition. Either they were developed by some unforseen consequence of the puerperium, which caused the delayed symptoms of acute meningitis, or else they were simply a coincidence and had no real connection with the childbed state.

The latter view is the one evidently to be taken in the absence of any visible active cause, and we are to regard these cases not in the light of possible dependence on childbearing, but as a pneumonia or pleurisy might occur, the result of some exceptional acquirement.

The cases are of interest, as we know of none in medical literature parallel, and we can find no practitioner who recalls such complications in his obstetric experience.

No autopsy was permitted in either of these reported cases.

THE SYMPATHIES OF THE SKIN.

The various organs and tissues of the body are more or less associated by a mysterious mutual sympathy and in no instance is this more obvious than in the relations of the skin with the viscera. This delicate fabric contains all the elementary tissues, and is endowed with their individual attributes. It is a membranous envelope, interwoven with a labarynthine network of nerves, blood vessels and lymphatics, the blood vessels being the largest; and its intimate connections with the sympathetic cerebro-spinal nervous

systems, through the agency of the vaso-motor nerves, place it in touch with every part of the body. In addition, its endless vascular communications, the continuity of tissues and reflex actions, combine to promote the power and diversity of sympathy that exists between the skin and the internal viscera. Thus, though there is little or no reciprocity between the different parts of the skin itself, it vibrates, so to speak, in accord with other organs, participating in their irritations and disorders, so that derangements of the

digestive, urinary, cerebral, respiratory and generative apparatus become associated and co-existent with

bodily eruptions.

Sympathy between the stomach and the skin is most evident in small pox, when the coats of the stomach contract and expel its contents; the gastric irritation of dyspepsia and over acidity (and of doses of arsenic and antimony) is coincident with the acne of eczema; the duodenum sometimes ulcerates during the healing of a burn, and some articles of food give rise to erythema fugax, dermatitis and urticaria.

In albuminuria, boils and carbuncles aggravate the situation; eczema complicates vesical catarrh, pruritus, besides boils and carbuncles, is frequent in diabetes, while eczema is almost constant.

The uterus displays unwonted sympathy with the skin, and various eruptions, seborrhea, eczema, comedones, herpes, gestationis, miliaria, impetigo, attend menstrual disturbances, leucorrhea, pregnancy and the menopause. Ephelis and pruritus are often concurrent with suppressed lochia; chloasma gravidarum (milk tetter) occurs during pregnancy; erythema nodosum has a special affinity for the amenorrhea of young girls. Psoriasis, on the con-

trary, sometimes vanishes during pregnancy, to return in the course of lactation. The successful treatment of some forms of acne by the administration of ergot testifies to the sympathy of the skin with the uterus.

The brain is also in close sympathy with the skin. Cerebral disturbance and prolonged anxiety favor pityriasis, lichen, ecthyma and hematogenous jaundice; fright and horror cause goose skin or cutis anserira, and the integument acquires a tawny yellow tint under habitual

grief.

The skin likewise sympathizes with the organs or respiration, as exemplified by the scurfy efflorescence and purpuric spots that mark the advance stages of phthisis, and asthma is often associated with psoriasis. Purpuric spots may also coexist with malaria, enlarged spleen or liver, and during the use of chloral. Eczema in children is often times accompanied by disordered liver, and in adults it is closely identified with gout and the uric acid diathesis.

Lastly there must needs be a sympathetic affinity between the skin and the organs of generation, for cutaneous eruptions commonly occur in conjunction with inordinate virility, and the existence of pruritus is sufficient to provoke sexual instinct.

Louis Lewis, M. D.





THE PHYSIOLOGICAL ACTION OF PERIODIC INDUCED CURRENTS IN GYNECOLOGY.

AUGUSTIN H. GOELET, M. D.

In employing periodic induced currents for therapeutic purposes several things must be taken into consideration, viz.

1. Whether the current is an interrupted current of one direction or a truly alternating current.

2. The comparative relation of the two qualities of the current E. M. F. and volume or amperage.

3. The frequency of the periods or interruptions.

4. The duration and method of application.

Since everything of which these currents are capable therapeutically depends upon the degree and character of the stimulation they produce the importance of a consideration of these points is self-evident.

If we recognize in the interrupted induced or faradic current a current of one direction endowed with polarity, which we must do if only the break current has sufficient E. M. F. to be appreciable through the resistance of the human tissues, it must be admitted that this current is capable of exerting some electrolytic action, though it may be slight. It is a demonstrable fact that the faradic

current does produce electrolytic action, and that it is a current of one direction when employed through the resistances of the human tissues. For this reason I have designated it an interrupted induced current. is true that through low resistances, such as galvanometer placed in the circuit, it appears to be an alternating current, since upon making and breaking contact of the vibrator slowly the needle will be deflected to an equal degree on either side. But the make and break currents are of such unequal force (the break current being estimated to be 13 times stronger in E. M. F. than the make current) that when applied through resistances like the structures of the body the break current only has sufficient force to penetrate and produce an impression, and it is only this phase of the current which we need take cognizance of. As a proof of this take a sponge electrode in each hand, turn on the current and make and break contact at the vibrator slowly. A contraction is produced only when contact is broken at the vibrator, and no sensation is experienced when contact is made. To

demonstrate that this current does exert an electrolytic action take a solution of starch to which some iodide of potassium has been added and insert into it electrodes of fine platinum wire connected with the terminals of the secondary circuit. A few seconds after the circuit has been turned on a discoloration will be noticed at one pole due to the formation of iodide of starch. The difference in the amperage of the current from the fine and coarse wire coils can likewise be demonstrated in the same manner. With the fine coil current discoloration is scarcely noticeable, whereas with from the short, coarse wire coil the reaction is very pronounced. Since the amperage of these induction currents as employed in medicine is insignificant by comparison with even the weakest constant current used, the electrolytic action may, in the main, be disregarded; yet we must recognize the effect upon nerve tissue, since an inverse current (or one in opposite direction to the nerve current) diminishes the functional activity of the nerve, and a direct current (or one in the same direction as the nerve current) increases its functional activity. In this respect the interrupted induced current possesses an advantage over the alternating, which is constantly reversed and has no polarity, an advantage by no means to be ignored in certain conditions.

The stimulating property of these currents depends more perhaps upon the relationship of the two qualities E. M. F. and value than upon anything else. Hence vantage in favor of else. Hence the the terrupted induced or faradic current, which is susceptible of greatnating or static induced currents. In the faradic apparatus the E. M. F. and value of the current can be very conveniently varied by changing the length and size of the wire of the secondary winding. The advantage then of a number of secondary coils having different lengths of the same wire and different sizes of wire is that the stimulating property of the current may be conveniently and gradually increased as desired.

The frequency of the periods has an important bearing upon the E. M. F. of the current generated as well as upon the physiological effect produced. The more frequent the periods the more soothing the application as a general rule and the more infrequent the more irritating or stimulating they become.

The method of application is quite as important as any of the other points that have been considered, since a stimulation may be made exciting or soothing according to the manner in which the current is applied. For instance, if the current is applied so as to maintain a constant state of excitation throughout the application, causing the subject to experience a moderate degree of irritation during the entire period of its administration, by constantly and rapidly increasing the strength even the fine wire current will fall short of sedation and the structures to which it is applied will be left in a state of stimulation. If, on the other hand, the current is applied so that it is barely perceptible throughout the application, its strength being gradually increased as insensitiveness becomes apparent, and the application is continued until complete relaxation and insensitiveness are produced, the result will be a sedation.

The general effect of periodic induced currents then is a muscle, nerve and circulatory stimulation, the degree and nature of this stimulation depending upon the E. M. F. and amperage of the current employed, the rapidity of the impulses and the method of application.

One of the most important effects produced by these currents is stimulation of increased tissue changes (i. e., increased absorption of oxygen and corresponding increased elimination of carbonic acid by the tissues), and coincidently increased nutrition. Hence they increase the functional activity of organs brought under their influence. This effect of the current can be readily demonstrated. For instance, its power to increase perspiration may be shown by grasping in one hand the bipolar electrode and using the fine wire current as

strong as it can be borne for a few moments. The hand becomes bathed in perspiration. Another effect observed is that the hand, but more particularly the fingers, soon become pale and bloodless, owing to the violent tetanic contraction of the muscles and the effect of the current upon the vasomotor supply. It is just this action of a powerful alternating current used in electrocution which causes the death of the criminal. As I pointed out in a recent contribution upon this subject, the intense muscular contraction throughout the body forces the blood to the internal cavities and especially the brain, producing interstitial hemorrhages. This may be regarded as an exaggerated example of the effect of these currents upon the circulation. Improvement in the general nutrition of the patient has often been noted, even when only local applications have been made to the female pelvis, the improvement in the general health being out of proportion to that of the local condition.

The effect of these currents upon the capillary and lymphatic circulation is marked and most important. It is no doubt that their power to promote rapid absorption of inflammatory exudates may be attributed directly to stimulation of the capillary and lymphatic circulation.

I will venture to offer an explanation of how this result is brought

about

Faradic stimulation quickens the capillary circulation (1) by exciting an increased vermicular contraction of the smaller arteries, the blood pressure is augmented. This causes momentary distention of the capillary vessels, the reaction from which, owing to their elasticity, empties or unloads them into the veins. In case of any obstruction in the capillary vessels this distention, together with the increased blood pressure, favors its removal.

2. By stimulating contractions of adjacent muscles, the veins are emptied and a void is created in their intervalvular spaces, which invites the blood from the overloaded capil-

laries.

Increased activity of the lymphat-

ics is brought about by faradic stimulation:

1. By stimulating the process of

absorption, and

2. By stimulating contraction of adjacent muscular structures, the circulation in the lymphatic vessels is increased. These vessels being supplied with valves similar to those found in veins, the contraction of surrounding muscles empties the intervalvular spaces and invites the flow of lymph from the lymph spaces where absorption takes place.

As the result of this action upon the capillary circulation and lymphatics, pelvic congestion is relieved and rapid absorption of infiltrations and exudations is accomplished. This agent is unquestionably the most powerful, the most certain and therefore the most valuable vasomotor constrictor which we possess.

Perhaps the most important effect of periodic induced currents of high e. m. f. and great frequency is the production of sedation and the relief of pain. As pointed out by Duchenne, the special action of these high tension currents is upon the sensory nerves, and it partakes of the nature of an excitation, but this excitation or stimulation will result in sedation if certain conditions are observed. This appears to involve an inconsistency, but you will recall the fact that opium is a cerebral and circulatory stimulant, yet its effect is sedative.

It is very necessary to understand that two results may be obtained from the application of fine wire currents in particular, viz.: stimulation and sedation.

Stimulation may be of two kinds:
1. Exciting, when it is irritating.
2. Sedative, when it is non-irritating

or soothing.

Very much therefore depends upon the method of application in bringing about the result desired. If the current is applied so as to maintain a constant state of excitation throughout the application, causing the patient to experience a moderate degree of iritation during the entire period of its administration by constantly and rapidly increasing the strength of the current, the result will fall short of sedation, and the parts wil be left in a state of stimulation. The application need not be painful to produce this result. If, on the other hand, the current is applied so that it is barely perceptible throughout the application, its strength becomes gradually increased as insensitiveness becomes apparent, and the application is continued until complete relaxation and insensitiveness are produced, the result will be sedation.

The former method of application is adapted to moderately insensitive conditions for promoting absorption of exudates and relieving the engorgement of the pelvic vessels when no inflammation exists and pain is not a prominent symptom. The latter method of application is appropriate for the relief of pain, acute congestion (even inflammations) of the pelvic organs, and to promote the absorption of recent exudations, and in fact should be employed in all acutely sensitive conditions.

The duration of the application likewise influences the result. A five or ten minutes' aplication may suffice for producing the form of stimulation described above, but sedation, which will be prolonged and satisfactory, is seldom attained with an application of less than 15 or 20

minutes' duration.

The relief of pain which follows the application of these currents in the manner described for producing sedation may be explained in this way, viz: The rapid succession of impulses imparted by the interruptions may be regarded in the nature of a percussion, which induces a condition of concussion of the nerve filaments, impairing their function to conduct painful impressions. The intense stimulation of the motor nerves produces a tetanic contraction of the muscles, which eventually wears out their contractility, producing relaxation or a temporary local paralysis that means rest for the diseased parts which they encompass. It is probable also that relief of the congestion upon which the pain may in great measure depend is another way in which this result is reached.

The rapidity of the interruptions has likewise an important bearing upon the result, since the more rapid they are the more soothing the effect. Therefore, for a sedative effect they should be as rapid as possible. In using the coarse wire current for muscle stimulation, however, the interruptions should be slow, so as to allow an alternate contraction and relaxation, similar to the normal physiological action of the muscle.

The frequency of the applications and the subsequent behavior of the patient are also to be considered. Three times a week may be sufficient when a stimulation is required, and the patient may not be restricted in her movements especially to attain this result. But sedative applications should be made every day, in some instances several times a day, and to be productive of the best results they should be made after the patient has retired for the night, or she should be made to recline for at least an hour or two afterward. This is not always essential, however, for in very many instances the relief obtained continues for hours, even when the application is made in the physician's office and the patient is permitted to exercise moderately afterward.

As a therapeutic measure for the relief of pelvic pain and congestion and pelvic inflammations and their results, infiltrations and exudations, this form of electricity is incomparable with any other agent which we possess. It is to be regarded not only as a remedy against the symptoms accompanying the diseases of the female pelvic organs, but often as a curative agent as well, though frequently it serves only as an auxiliary to other measures. In cases where the disease is so far advanced that a cure cannot be effected and some radical operation is necessary, it serves an exceedingly useful purpose in placing the patient in the best possible position to withstand it and aids its success by improving greatly the local condition and her general nutrition.

The coarse wire current is particularly serviceable where there is loss of muscular tone and venous en-

gorgement, such as in subinvolution, but it is absolutely contra-indicated in sensitive and inflamed conditions. I have purposely laid more stress up periodic currents of high frequency and high E. M. F. because they cover a larger field of usefulness.

(To be Continued.)

BOOK ROTES.

BOOKS AND PAMPHLETS RECEIVED.

THE WANT OF COLLEGE INSTRUCTION IN ELECTROTHERAPEUTICS. President's address, delivered at the opening of the Sixth Annual Meeting of the American Electro-Therapeutic Association, held at Boston, September 29 and 30, and October 1, 1896. By Robert Newman, M. D. New York. Reprinted from and published by the Electrical Journal, Chicago, October 1, 1896.

PROPHYLAXIS IN INFECTIOUS DISEASES OF CHILDREN. A. G. Wollenmann, M. D., Ferdinand, Ind. Reprinted from the Medical and Surgical Reporter, February 29, 1896.

THE PROPAGATION, PRESERV-ATION AND USE OF VACCINE VIRUS. By Francis C. Martin, M. D., Boston, Mass. Reprinted from the Medical Record, May 30, 1896.

EXPLORATION AND TREAT-MENT OF FISSURES FROM SKULL FRACTURES. Read in the Section on Surgery and Anatomy at the Forty-seventh Annual Meeting of the American Medical Association, at Atlanta, Ga., May 5-8, 1896. By H. H. A. Beach, M. D., Boston, Mass. Reprinted from the Journal of the American Medical Association, May 30, 1896.

PREVENTION OF TUBERCU-LOSIS. Read at the Pennsylvania State Medical Society, Harrisburg, Pa., June 19, 1896. By E. B. Borland, M. D. Reprinted from the Journal of the American Medical Association, August 1, 1896.

THE SOLVENT PROPERTIES OF
THE BUFFALO LITHIA WATERS OF VIRGINIA. By Geo.
Halsted Boyland, Paris, France,
M. A., M. D., etc., formerly professor in the Baltimore Medical
College, etc. Reprinted from the
New York Medical Journal for
August 22, 1896.

INGUINAL AND SCROTAL CYSTS, SIMPLE AND COMPLICATED, IN INFANTS OR YOUNG CHILDREN. By Thomas H. Manley, M. D. Reprinted from American Medico-Surgical Bulletin, September 12, 1896.

NOTES ON INGUINAL SCROTAL CYSTS. By Thomas H. Manley, M. D., of New York. From the Medical News, July 11, 1896.

ACUTE RHEUMATIC IRITIS, WITH CASES. From the Post-Graduate. Synonyms—Arthritic Iritis; (Fr.) Iritis Rheumatismale; (Ger.), Iritis Rheumatica. By A. Britton Deynard, M. D.



THE TREATMENT OF ACUTE NASAL AND PHARYNGEAL CATARRHS.

The frequency of nasal and pharyngeal catarrhs in this climate, and the unfortunate results when the Eustachian tubes or the broncial mucous membranes become affected secondarily, render a condition, trivial in itself, of sufficient importance to warrant the suggestion of a treatment which my own experience leads me to think of great value.

Having tried local treatment as fully as the time-honored practice of administering diaphoretics with hot baths and warm blankets in the acute stage, and often with disappointing results, a consideration of what I believed to be the pathology of the condition led me to adopt the following measures, with which I have increasing reason to be satisfied:

At the onset of the acute attack I give a hypodermic injection of sulphate of atropine, gr. 1-150, combined with sulphate of morphine gr. 1-6, and invariably find in the course of a few minutes all the symptoms subside. The nasal and pharyngeal mucous membranes dry up, the irritation and frontal distress cease, and as the effect lasts for some hours, the vessels of the mucous membrane have time to recover tone and the nerves, no longer irritated by the local congestion and constant sneezing, rapidly quiet down and the whole attack aborts.

The predisposing cause of these acute catarrhs is doubtless to be looked for in a lowered condition of

the nervous system, and nervine tonics and improved hygienic surroundings are of the first importance, but the exciting cause is frequently a chill or the inhalation of some irritant, such as dust or the pollen of certain flowers, as in hay fever.

-Frank Elvy, M. R. C. S., L. R. P. C., Eastbourne, in British Med. Journal.

THE WOODBRIDGE TREAT-MENT OF TYPHOID.

Dr. J. A. Crook, of Jackson, Tenn., read a paper at the meeting of the Tennessee Medical Society, at Chattanooga, April 14, 1896, entitled "The Rational Treatment of Typhoid Fever" (Journal of the American Medical Association, August 8. 1896). After giving a synopsis of the history of a number of patients, he stated that he had used only Nos. 2 and 3 of Dr. Woodbridge's pre-scriptions. This he did purposely, as No. 2 contained the same amount of everything as No. 1, and four times as much Carbonate of Guaiacol, and the addition of one-sixteenth grain of thymol. He is confident that the virtue of these prescriptions is creased, if not dependent, on one or both of these drugs; and it seems more rational to give these at once, and get the patient earlier under the influence of these remedies. Besides, it is contrary to his idea of treating a patient to disturb him and his stomach every fifteen minutes with medicine. Dr. Crook concludes as follows:

1. That the Woodbridge treatment far surpasses all previous ones in its results.

2. That it is entirely harmless, and ? can be given without hesitation by physicians in all typhoid fever cases.

3. That if begun early and persisted in the disease is materially shortened, and serious consequences and sequellae, such as tympanites, glazed tongue, nervous prostration and delirium are prevented.

4. That it actually cures typhoid fever as certainly as quinine cures malaria; and that under it there are but two stages of this formidable disease, first, that of rapid decline of temperature, and second, that of convalescence.

Dr. R. C. Justice, of Poland, Ohio (The Journal of the American Medical Association, August 1, 1896), writes to say that he is surprised and amazed at the success of the Woodbridge treatment of typhoid fever. The unusually dry summer of last year caused the wells that supplied the town with water to become almost dry, and the surface drainage -from the first slight autumn rains caused their infection with typhoid fever germs. Some twenty cases occurred in the town of about 600 inhabitants. All the cases were under Dr. Justice's care, and most of them occurred in one street, the wells of which were undoubtedly fed from a single The stream. attacks were unusually severe from the beginning. the temperature rising rapidly and soon ranging from 103 to 103 1-2 degrees in the morning, and from 104 to 105 degrees Fahrenheit at 6 P. M. Intestinal hemorrhages occurred in six cases; one had seven hemorrhages, some others had one to four.

The Woodbridge treatment was carefully and faithfully followed from the beginning to the end of all the cases; none died, and all are well to-day and following their usual avocations, light of heart and buoyant of spirit, with no dregs left behind, as with the old method of treatment. The doctor believes, from the severity of the onset of the disease, that he would certainly have lost five of them had they been treated as in previous epidemics. All the facts being considered, he does not believe this to be an overestimate of the probable mortality of the epidemic under other treatment.

Dr. Justice has now treated fortyeight cases by this method, and has been successful in every instance. The average duration of illness has been eighteen days; the average duration of treatment thirteen days. He concludes his letter with the earnest advice not to be tempted to change methods, but to continue the antiseptic treatment to the end, with the reward of seeing the natients recover rapidly.

Dr. R. Sayre Harnden, of Waverly, New York (The Journal of the American Medical Association, August 1, 1896), has been for the last twenty five years a believer in the treatment of typhoid fever by intestinal antisepsis, and in the endeavor to prevent the fermentative, putrefactive, and septic conditions that result therefrom. During the past twelve years he has treated seventytwo cases without any fatality. During the past year he has used the Carbonate of Guaiacol in twenty cases with the most excellent results. In nine of these cases the disease was checked on the fourteenth to the seventeenth day after the initial chill. In many of these cases the symptoms for a few days were severe, indicating a grave type of the disease, but almost invariably a lower plane of fever, and a marked amelioration of all the symptoms was established, the tongue and skin becoming moist, delirium diminishing or disappearing, tympany vanishing, and the patient sleeping and resting better.

Dr. Harnden employed the Carbonate of Guaiacol in 1-6 grain tablets every hour through the day, and three to four times during the night, if the patient was often awake, for several days. The drug was continued every two hours during the day while the fever lasted. He observed the usual proportion of hemorrhages and relapses, and he does not believe that the antiseptic treatment prevents either. But he thinks that the

relapses are not due to reinfection, but rather that the typhoid element is held in abeyance in some of the glands or adjacent lymphatics, manifesting itself after the subsidence of the first attack in a similar manner as do symotic diseases that are held in abeyance during the latter period of pregnancy.

THE LOCAL USE OF HYDRO-CHLORIC ACID IN TUBERCU-LOUS NECROSIS OF THE BONE.

J. H. Waterman (N. Y. Med. Journ., August 8) reports the results of a series of cases of bone necrosis of tuberculous origin which he has treated by the local use of hydrochloric acid. The acid was used in the concentrated form. The number of minims (2 to 6) injected in each case depended on the amount of bone diseased and on the general condition of the patient. It is preferable not to use the acid oftener than twice a week in order to obviate excessive reaction and pain. The tissues were sprayed with a 4 per cent. solution of cocaine or cocaine and morphine, or with chloride of ethyl, a few minutes before injecting the The sinuses were thoroughly washed out with sterilized water in order to remove pus or detritus, and thus permit the acid to penetrate all the diseased bony tissue. The ordinary sterilized glass pipette found to be the most practical means for the application of the acid. The tube was introduced to the bottom of the sinus, and the contents deposited directly upon the necrosed structure. After this the author usually allowed a minute to elapse, next irrigated the sinus with a saturated solution of bicarbonate of sodium, and then applied a wet myrrh dressing. His object in using the latter in preference to dry dressings was because of the marked foctor noticed in many instances after the first two or three injections. This is accounted for by the destruction of soft tissues; it was more pronounced when the patient moved and the application was not made

directly to the bone, but dropped partly on the surrounding tissues. The author gives details of 8 cases in which the method was used, among which there were four "apparent cures." The conclusions which he thinks may be drawn from the cases are as follows: (1) No evil effects have resulted from its use. (2) The use of the acid in its concentrated form is preferable. (3) When the area of necrosis is extensive operative methods are advised. (4) The action of the acid is limited to the necrosed area, whereas curetting may remove both diseased and healthy bone. (5) By the disintegration of the dead bone the newlyformed tissue has a better opportunity for its more rapid development.

TREATMENT OF TIC-DOLO-REUX.

C. L. Dana (Chicago Medical Recorder, August, 1896) describes a method of treatment which he has adopted for two years in hospital and in private practice with satisfactory results. The method consists of the following procedures: (1) The hypodermic injection of massive doses of strychnine. (2) The administration of stimulants, such as iodide of potassium and of tonics, including especially large doses of tincture of iron. (3) Rest in bed with light diet and diuretics. The treatment admits of no halfway measures. The patient must take the full course, and sometimes even a second or third course. (1) The use of strychnine. This is given in single daily doses, hypodermically. He usually begins with 1-30 grain, and this is very slowly increased until by the fifteenth or twentieth 1-6 to 1-4 grain is given. Most patients cannot take over 1-5 grain, an excess being shown by stiffness in the jaws and legs, trembling and nervousness. Sometimes the largest doses are not well borne, and are not advisable; but this is rare. He has noticed that the large doses, 1-15 to 1-5 grain, often have a decidedly anodyne effect, quieting the patient for hours like a dose of mor-

phine. Sometimes the largest doses temporarily increase the pain, this is certainly rare. The best results are in those who feel the anodyne effect. After reaching the maximum dose the strychnine should be continued for a week or ten days, and then gradually reduced, so that by the end of five or six weeks the dose commenced with is reached. The drug is then stopped, and the patient is placed on iodide of potassium 5 grains t. d., increased to 20 grains, and tincture of iron 5 minims, increased if possible to 20 minims, and well diluted. In some cases salicylate of potassium replaces the iodide or nitro-glycerine is added to the iodide of iron. Rest in bed is a point in the management which cannot be too stringently insisted upon. The room should be kept as nearly as possible at 68 degrees Fahrenheit, and the air should be moderately humid. At the end of four weeks the patient is allowed to go out for two hours daily, and at the end of six weeks he can resume his ordinary avocations. Details are given of 8 cases (6 men, 2 women) treated in this way; the ages ranged from 43 to 70. The branches of the trigeminal nerve most affected were in 6 of the cases the second, or the second and one other branch. The duration of the malady before the line of treatment described was adopted ranged from two to ten years, averaging six years. Relief was obtained in all but 2 of the cases, and 1 of these the method was not fully tried. The duration of the relief in 5 cases has been from one year and a half to two years. In 2 cases treatment was finished four months ago. In three cases there was a slight alubuminuria. In one case the disease was complicated with a motor tic, and in one case it was complicated with severe heart lesion, as well as albuminuria. The maximum dose of strychnine in all cases reached 1-5 to 1-4 grains. The author concludes, after much heartening experience with aconite, iodide, gelseminum, salicylates, tonics of various kinds, electricity, etc., that the method of treatment above described is the most useful.

A NEW METHOD OF ARTI-FICIAL RESPIRATION.

Calliano (Gazz. degli. Osped., August 16, 1896) describes a new method of artificial respiration which he has practiced with success in cases of asphyxia. The patient is placed in Sylvester's position, and the arms are then drawn up so as to fully expand the thorax, and then fixed above and behind the head by tying the wrists together. In this position respiration is induced by pressing with the hands on the thorax some eighteen or twenty times a minute. The advantages claimed for this modification of Sylvester's method are: (1) Its greater simplicity. (2) The much smaller amount of labor required, and lessened fatigue of the operator. (3) The absence of danger from contusion of the shoulder joints. (4) The ease with which such a method could be taught to and practiced by uneducated and untrained people.

TREATMENT OF URIC ACID GRAVEL.

G. Klemperer (Berl. klin. Woch., 1896, No. 33) discusses the medical treatment for the prevention of urinary concretions of uric acid, and the after-treatment to prevent recurrence when such concretions have been removed by surgical intervention: (1) There must be sufficient diuresis; one grain of uric acid requires 7 litres of water for its solution at the body temperature. The patient, therefore, must drink sufficient water. Saline and drastic purgatives should be avoided, because they tend to make the urine more concentrated. If there be constipation water enemata may be used, which not only induce the bowels to act, but often favor diuresis as well. (2) Much sweating and much exercise should be avoided; in this respect the treatment of uric acid calculi and gravel differs from that of gout. (3) The amount of uric acid in the urine should be diminished. Uric acid must not be regarded as merely representing a stage in the

production of urea, but as representing a special nitrogenous metabolism. It is, in fact, the result of the oxidation of nuclein, an albuminous substance which is contained in the cell nuclei, and distinguished by richness in phosphorus. To diminish the amount of uric acid in the urine suitable foods containing little nuclein should be taken, such as milk, cheese, white of egg, bread and vegetables. Foods, such as thymus, liver and ordinary meats should be taken in moderation only, because they are specially rich in nuclein. The oxidation of the nuclei of leucocytes and other cells of the human body, some of which are of course constantly being destroyed, furnishes perhaps 0.3 to 0.6 grains of uric acid daily. The uric acid excretion is hardly greater when only milk is taken than it is during fasting. After 2 litres of milk the urine contains 0.5 to 0.6 grains uric acid. After 500 grains of meat the urine of the same man contains about 1 to 2 grains uric acid; after 500 grains of thymus it will contain about 3-4 grain more uric acid. Brain and kidney cause about the same amount of uric acid to be excreted as ordinary meat does. There is, however, as Horbaczewski showed, no general quantitative relation between the nuclein in the food and the uric acid in the urine, for nuclein may also be excreted as urea, just as uric acid may be when it is taken by the mouth. The difference in different individuals

seems to depend on some persons being able to transform the uric acid formed in their bodies more readily into urea than other persons can. The ingestion of xanthin bodies leads, just as the taking of nuclein does, to an increase of uric acid in the urine; therefore, excess of tea, coffee and meat extract should be avoided. In regard to alcohol it is uncertain whether any special influence is exerted on the uric acid excretion. Excessive exercise, according to some authors, increases the excretion of uric acid, and should therefore be avoided. (4) The acidity of the urine should be kept below a certain level, to prevent the precipitation of uric acid. For this purpose a draught containing sodium carbonate (for example one of the alkaline mineral waters), or a citrate, may be taken in the forenoon and late in the afternoon; the acidity of the urine is naturally diminished in most persons after midday. (5) Urea may be given by the mouth to increase the solubility of the uric acid in the urine. The solvent action of urea on uric acid was first demonstrated by Ruedel, at Heidelberg, six years ago. Rosenfeld, in Breslau, made therapeutic use of urea for this purpose last year, but Klemperer has employed it for nearly two years in the form of a 5 per cent. to 10 per cent. aqueous solution. He gives a tablespoonful of the solution as a dose, and has obtained satisfactory results.





WHAT CONSTITUTES AN ACCIDENT?

The question of what constitutes an accident was considered recently in the following case, cited by the Medical News: A physician of Essex County, N. Y., while driving between Hayne and Ticonderoga, was overcome by exhaustion arising from an injury sustained a year previous. He stopped his horse and proceeded to give himself a hypodermic morphin. His horse started suddenly and the needle was driven in furthen than he intended. Cellulitus ensued and he was disabled for 22 weeks. He brought suit against the Interstate Casualty Company, which had insured him "against bodily injuries sustained through external, violent and accidental means." The presiding Judge of the Circuit Court of Essex County dismissed the complaint. The Albany Court of Appeals, by a majority of three to two, decided that the jury should have been allowed to determine whether the injury was accidental or not. The Court held that the injury could not be called accidental, if it was caused by the morphin or by the uncleanliness of the needle.

WHAT A SURGEON OUGHT TO BE.

One of the interesting characters of the fourteenth century was the sergeant surgeon of Edward III, in 1346, John of Arden. He gives a "Description of ye qualities which ought to be in ye surgeon that performeth any operation in chirurgery: First, that he be devout. Secondlie, charitable to ye poor. Thirdly, to use few words. Fourthly, to avoid drunkenness. Fifthly, to be chaste both in words and gesture, as well as to fear ye not. Sixthly, not to undertake an incurable disease."

—Indian Medical Record.

IN CASES OF SEVERE INJURY TO THE FINGERS

By laceration or contusion, put the entire hand into a very ample soaking wet dressing. Do not trim off any pieces of flapping skin. Incision for drainage is all that is allowable until healing is very well under way. A half inch of boneless finger may be of great value to its possessor.

-International Journal of Surgery.

ON THE DIAGNOSIS AND TREATMENT OF PERFORATION OF THE INTESTINE IN TYPHOID FEVER.

M. Lerebrullet (Gazette Heb. f. Nov., '96) has submitted an important communication on above topic. Citing Dieulafoy, he says that gangrenous perforation of the appendix is a much more common complication of typhoid fever than is generally supposed. The writer strongly recommends laparotomy in perforation of any part of the intestinal

canal in the event of perforation

when conditions warrant it.

In "ambulant" cases of typhoid this danger of perforation is most to be dreaded. It was well known by the older authors that the seat of perforation is commonly near the cecum. Noel, Guenen and Massey wrote that "the most common seat was near the head of the colon and not uncommonly in the appendix. In the appendix ulceration is determined by an impaction or a foreign body, with resulting inflammation and ulceration." They had each observed appendicular perforation and death in typhoid.

The term "appendicitis" then being unknown to clinicians the disease was allowed to go on to a mor-

tal end untreated.

The writer attaches great importance to the necessity of the attending physician being on his guard for this dangerous complication and calling in the surgeon early when a diagnosis of perforation is made.

But to reach a definite diagnosis is wherein the difficulty often comes. Dieulafoy attaches great importance to a sudden falling of the temperature, to be quickly succeeded by hypothermia. He advises to be always suspicious when there is a sudden change in the temperature.

M. Brondel, one of the most distinguished clinicians of his time, affirmed that it was an incontestable fact that more lives were lost by intestinal perforation in typhoid fever than by any other cause. It usually occurred about the third or fourth week, though sometimes later.

Griesinger, an eminent authority, declared that "perforation was often attended with rigors, with a prompt elevation of the temperature." Homelle likewise observes that "a sudden and pronounced chill with severe abdominal pain and distension means rupture of the intestine."

M. Huntinel in his large experience agrees that certain pronounced thermal fluctuations have an important significance, taken in connection with other things, but warns against confounding that which goes with the algid collapse, for that pointing

perforation, and Griesinger adds, that in some cases the temperature changes are so variable in tvphoid as to be of little definite value as an aid to the diagnosis of perforation. Finally it may be said, that while the diagnosis of perforation of the intestine in typhoid is sometimes exceedingly difficult, and often even when quite definite the tient's condition may preclude a laparotomy, yet when the pulse is good and the general state fairly good it should be considered. It goes without saying that in all cases of appendicular rupture no time should be lost in operating.

A SERIES OF SIXTY-FOUR CASES OF OPERATIONS ON THE KIDNEY.

M. Albarran (Gaz. Heb. 5 Nov., 1896) has submitted an important report on above topic, and right here it may be well to strongly emphasize the importance of the practitioner in all cases of disease of a single kidney making a critical chemand microscopical examination of the urine, or having it done by an expert, and further, when he is in doubt some experienced surgeon should be called in to aid him in reaching a definite diagnosis in the case, for it should be remembered that during the past 20 years surgery has opened the way of dealing successfully with a multiplicity of lesions which formerly were without hope and doomed to a most agonizing and lingering death.

Albarran's report includes 64 operations performed on the kidney, with 59 successes and 5 deaths, about 9

per cent.

There were seven nephrectomies with one death; one partial nephrectomy, with recovery; 24 nephrotomies, with two deaths; five nephrolithotomies, with two deaths; 23 nephrorrhaphies, with no death; four exphratoratories, no death. For floating kidney he insists on stripping the fatty capsule off, but leaving the cortical capsule proper, passing three sutures through the renal parenchyma. His seven cases of hy-

dronephrosis were treated by evac-

uation and free drainage.

In four cases operated on for pyonephrosis two died. These may usually be diagnosed by pus in the urine, although this may be absent in some cases.

In nephrectomy for tubercular pyonephrosis there was but one death immediately after operation. Of the other seven some survived from three to six months, but only one was alive after two years. There was but one case of cancer of the kidney, in which patient survived exploratory operation. In large kidney from cancer infiltration operation is not advisable.

M. Albarran has noted after many operations on the kidney, as nephropexy, nephotomic and nephrectomy, many very grave reflex symptoms. The most distressing are incoercible vomiting, epigastric and lumbar pain. The patient is deathly pale, has dilated pupils, a weak pulse and

a cold skin.

These symptoms usually subside after 24 or 36 hours. In two fatal cases the necropsic shed no light on the cause of death.

LUXATION OF THE CUBITAL NERVE.

M. Drouard (Gazette Heb., 19 Nov., 1896). Congenital luxation of the cubital nerve, according to M. Drouard, is much less frequent than the traumatic variety, but is oftener overlooked. Dislocation from injury may follow, a shock, blow or a fall on the elbow, with more or less laceration of the tissues about the point.

These two types are accompanied by the same general symptoms, much more accentuated in the latter variety. In the traumatic the nerve may have sustained severe damage and take on inflammation.

Orthopedic treatment alone may suffice in some cases, but in the majority the nerve is so displaced or detached from its normal situation that nothing less than a surgical operation will suffice to replace the nerve trunk and so fix it that redisplacement cannot occur and full function may be restored.

FOREIGN BODIES IN THE EAR.

Preobraschensky (Wien. Rundschau, 33-36, 1896) summarizes the whole literature of the extraction of foreign bodies from the ear, and gives a statistical summary of 200 cases. He concludes that: (1) An unskilled person should never attempt the instrumental extraction of a foreign body. (2) Foreign bodies reach the middle ear almost solely as the result of clumsy attempts at extraction. (3) The foreign body usually does less harm to the ear than its extraction by an unpracticed hand. (4) The changes produced by the presence of a foreign body in the ear cannot be estimated by the length of time during which it has remained there. (5) The injection of warm water is an infallible means of securing the evacuation of any foreign body from the ear; irrigation with alcohol may be further necessary to prevent swelling of the intruder. (6) There is no indication to expedite the removal of foreign bodies which are giving rise to no troublesome symptoms. (7) In inflammatory processes caused by nefrom unskilled attempts crosis at extraction expectant treatment suffices as long as no dangerous symptoms are present. (8) The choice of an operation will depend mainly on the condition and structure of the external auditory meatus. With regard to living objects insects are easily killed by water or oil, and may then be removed by injection. Larva, on the other hand, are only rendered more lively by water, and on injection cling firmly to the walls of the air passages. They may be killed by turpentine, ether, etc., but at the rick of setting up inflammation. A much better method is, according to the author, extraction with pincers.

ENUCLEATION OF THE EYE UNDER COCAINE.

Michael Mohr (Wien. klin. Rundschau, August 30, 1896) records five cases of enucleation of the bulb under cocaine. The drug was used in 5 per cent. solution, and was dropped repeatedly into the conjunctival

sac till the eye was insensitive. The operation was then rapidly performed, and was quite painless. One of the patients was an old man, aged 84, emphysematous, and with a hypertrophied prostate; the heart was much dilated, and there was some cystitis, so that the administration of a general anesthetic would have been a very serious matter. The eye trouble was glaucoma. Another glaucoma case treated with equal success was in a child of 8 months; the glaucoma was here secondary to tuberculous iritis.

FIBROID TUMORS OF THE AB-DOMINAL WALL.

Doleris and Mangin (La Gynecologie, June 15, 1896) record two cases occurring in sisters, recurrence was observed in one patient. Doleris removed a fibromyoma as large as an egg from the right groin of a woman aged 37. It had developed a few months after the removal of an ovarian tumor in April, 1890, shortly after recovery from the fourth labor. The fibromyoma was removed on August 3, 1891; it involved the transversalis and obliquus internus and adhered below and posteriorly to the periosteum of the ilium. On March 27, 1895, Doleris removed a tumor identical in nature and situation from the patient's sister. She had been once pregnant, five years earlier. The tumor recurred, and Mangin removed it on February 6, 1896, the second operation proving rather difficult, as the peritoneum, incorporated with the growth, adhered to intestine and omentum. Gombault found that this secondary growth, like the first and like the tumor removed from the patient's sister, was a fibromyoma and not malignant. Mangin remains a little doubtful about its histology. authors refer to Labbe and Remy's work on the subject, published in 1888. Only 4 per cent. occur in

males, and they rarely develop in nullipare. Le Dentu describes a fibroid growth which developed in the scar of an abdominal section seven years old. In four cases, besides Doleris and Mangin's two examples, the growths were reported as true fibromyomata.

TUMORS OF THE THYROID GLAND.

Dr. Cooke (Brit. Med. Jour.) suggests the seven following rules in removing the thyroid glands:

1. Give chloroform, as ether engorges the already enlarged veins.

2. Observe scrupulous cleanliness, have plenty of assistance and many forceps and ligatures handy.

3. Take plenty of time.

4. After exposure of the cysts use only directors and fingers for dissecting, and keep close to cyst wall.

5. Keep the fingers and the wound moist with an antiseptic solution sufficiently weak not to irritate the sensitive and important nerves sometimes exposed, and as far as possible keep the parts in their normal position.

6. Partially evacuate a large cyst before removal to assist the latter

stages of the operation.

7. Insert a small drainage tube before sewing up, for fear a collection of serum should press upon the trachea.

He considers the following as indi-

cations for removal:

1. If a tumor be steadily increas-

ing in size.

2. If there be troublesome pressure upon the trachea, esophagus or nerves.

3. If the tumor be so placed as to render impossible a possibly neces-

sary tracheotomy.

4. If the patient strongly urge its removal because of its unsightly appearance, or its interference with the movements of the head.

-University Med. Magazine.





CONCEPTION AFTER REMOVAL OF BOTH OVARIES AND TUBES.

Stansbury, Sutton and Gordon (Amer. Gyn. and Obstet. Journal, July, 1896) relate two extraordinary cases, for which they do not profess to account. On October 20, 1892, Sutton removed two large multiocular ovarian cysts from a woman aged 28. The ligatures lay close to the uterine cornua. On June 10, 1894, the patient gave birth to a male child weighing 10 1-2 pounds. On February 25, 1896, she was once more delivered. Gordon, in March, 1894, removed both ovaries and tubes from a woman aged 33, the subject of chronic pelvic mischief. He believed at the time that no fragments of the ovary were left. From a few months after the operation she menstruated regularly till June, 1895, when she became pregnant, and was delivered of a healthy child in March, 1896. The only explanation is that the stump of one tube must have opened, allowing an ovum from a piece of ovarian tissue to pass through into the uterus. In a second case, where pregnancy followed three years after operation, it was not absolutely certain that both ovaries were removed. A discussion followed the reading of the above cases at the annual meeting of the American Gynecological Society, but no satisfactory explanation of the occurrence of pregnancy was brought forward.

MYOMA UTERI WITH SPONTAN-EOUS OBLITERATION OF CERVIX.

Hedren (Upsala Lakareforenings forhandlingar, Band xxx, vol. ii) reports the following case: An unmarried woman, aged 49, had her myomatous corpus uteri removed by abdominal section. She died nine days later of peritonitis, caused by the bursting of an old perityphlitic abscess. The tumor was an ordinary fibromyoma, attached to the upper and anterior part of the uterus by means of a broad pedicle. The uterine cavity was completely occluded and filled with a dark grumous fluid. The cavity was divided into a larger, upper part and a lower, smaller part, covered with mucous membraneevidently the upper part of the cervix. The remaining cervical part, removed at the necropsy, showed the following peculiarities: The lower part of the cervical canal had length of five centimetres; it ended blindly. The continuation upward was formed by a thick, fibrous structure 2.4 centimetres in length and 0.3 to 0.5 in breadth. No remnants of a canal could be detected microscopically. The cause of this deformity is probably to be found in the changes of shape effected by subserous myomata on the uterus, especially if adherent to the abdominal wall or organs. By their increasing growth upward they exert a traction on the uterus, and especially on its cervical part, causing its elongation and narrowing, and eventual obliteration of the canal.

WET NURSES AND SUCKLINGS.

Pierre Budin (L'Obstetrique, July 15, 1896) has observed some important cases of the evil effects of sickliness or excitement on the part of the nurse on sucklings. A wet nurse felt weak and ill one day. The three children whom she continued to nurse showed a distinct loss of weight on the next day, gaining once more as she grew stronger. Another nurse had a violent fit of passion.

Both her two sucklings lost weight and had intestinal disturbance; she also suckled her own child, who was seized with diarrhea. Two infants lost weight and were at the same time attacked with erythema of the nates and thighs. They were being suckled by the same nurse. On making inquiries it was found that she was menstruating when they were taken ill. They were transferred to another nurse. Full details of the clinical history of each case are given by the author.

THE TREATMENT OF ECLAMP-SIA.

At the recent Congress of Gynecology and Obstetrics at Geneva (Sem. Med., September 16, 1896), Charpentier, claiming to represent the French school, said that when the patient was seized with eclampsia and labor appeared spontaneously all were agreed that the right treatment was to terminate labor as quickly as possible. But when eclampsia set in before labor a distinction must be made between cases at or nearly at term and those earlier in pregnancy. The German school consider the induction of premature labor or even abortion or forced delivery the only treatment. Duhrssen incises the cervix deeply, and if necessary the vulva and perineum; Bossi uses instrumental, others manual dilatation; others again would resort to Caesarean section. Charpentier is convinced that induction of labor is useless and forced delivery dangerous. He concludes that: (1) The urine of every pregnant woman should be examined. (2) If the least trace of albumin is found she must be put on a strict milk diet, which prevents the production of toxins; this must be continued till after labor and till no albumin is present. (3) When edema without albuminuria is found the milk diet is indicated. (4) Whenever eclampsia occurs with cyanosis in a strong woman, bleeding up to half a litre must be performed. (5) Chloral should be given. (6) When convulsions have set in milk should be

given by the mouth or, if necessary, by the esophageal tube: this alone sometimes causes cessation of the convulsions. Besides this, the fits should be treated with chloroform inhalations and diuresis induced by subcutaneous injections of normal saline solution. One must then wait till normal labor sets in. If there is inertia uteri labor must be terminated by forceps or version if the child is alive, by basiotripsy if dead. Induced labor is only exceptionally necessary and forced delivery never. Halbertsma, Mangragalli, Bossi, Pasqualini and others spoke on the other or "German" side, and advocated early emptying of the uterus, very favorable statistics being brought forward in support of this.

ARTIFICIAL DELIVERY AFTER MATERNAL DEATH.

Claverie says that when a woman dies before labor has commenced, immediate delivery by the natural passages is necessary. The should be laid cervix open facilitate immediate tion.. Cesarean section, it is said, has revived aparently dead woalwhen the knife had ready been used too freely and too roughly to allow of permanent resuscitation. Some of these gruesome incidents may be fables, muscular twitchings being mistaken for signs of life. In any case, however, no woman has been victimized in this manner when delivered after Duparcque's principle, whilst several have proved to be alive and subsequently recovered. Though delivery through the vagina takes some time, it can be commenced at once in private or hospital practice, so the child is usually got out more quickly than by Cesarean section. It appears from statistics that as many, if not more, children are saved by Duparcque's method. The cutting open of the cervix is of course very essential when the body is that of a primipara. Artificial delivery is always preferable to Cesarean section if it is not quite certain that the mother is dead.

-The Charlotte Med. Journal.

THREE NORMAL PREGNANCIES AFTER NEPHRECTOMY.

To the cases already recorded by Schramm, Fritsch and Israel, E. Tridondani (Ann. di Ostetricia e Ginecologia, July, 1896) adds an interesting instance of the reproductive history of a woman who had had a kidney removed. A patient, aged 29, came into the Maternity at Pavia, suffering from symptoms resembling those of intestinal obstruction accompanied by pain or micturition and scanty urine. She was in the eighth month of pregnancy, and to the left side of the uterus was a fluctuating tumor. Under treatment the symptoms improved, and the woman was spontaneously delivered of a male infant. Three months later the abdomen was opened, and a cystic kidney (the left) was removed; the recovery was complete. Since then the patient has had three pregnancies. In none of the three were there any abnormal symptoms, no edema, urine normal in quantity and qual-The labors were at the full term and non-instrumental. The placenta and membranes in each case were healthy, and the puerperium was normal. The infants were born alive, were healthy and had a weight and size above the average. The author concludes from the study of this and the three other reported cases that pregnancy occurring in a woman with one kidney does not interfere with her health; that the absence of a kidney does not disturb the progress of gestation, labor and the puerperium; and that the product of conception does not suffer. He does not, therefore, agree with Schramm, who advises a woman with a single kidney not to marry, or if married already not to become pregnant. It is noteworthy that in the above case the liquor amnii was increased in amount; but it is doubtful whether this was a consequence of the absence of one of the mother's kidneys.

UTERINE CANCER IN A GIRL AGED 19.

Tchop (Gazette hebdom, medicale de la Russie Meridional, No. 7, 1896) reports that a girl, aged 19, suffered from free hemorrhage after falling downstairs. Syncope occurred, she revived and afterwards was troubled with occasional metrorrhagia, especially during defecation. the end of four months the pelvis was explored and a tumor having all the characters of a cancer of the cervix was detected. It had not ulcerated. The uterus was removed, and the patient recovered. growth was a characteristic cylindrical carcinoma of the cervix, and an area of the uterus some distance above the os internum was invaded.

DERMOID CYST OF ROUND LIGAMENT.

Rendu (Annales de Gynec. et d'Obstet., July, 1896) gives the above name to a tumor which he removed. He does not state that the ovary was seen during the operation, nor suggest that the tumor did or did not develop in its substance and burrow, as some ovarian tumors do, between the layers of the broad ligament. The patient was 42, and single, the tumor very large and most prominent on the left side. A bony mass could be felt through the parietes, so that the diagnosis of dermoid tumor was easy. A distinct capsule was found. Rendu describes it as sero-adipose, the fat being doubtless developed from that which is often found in the broad ligament near the ostium of the tube. On tapping 17 pints of a greasy coffee-colored fluid came away. The capsule was easily detached above, but enucleation below proved difficult. A big cavity was left behind, and could not be closed, so a capillary drain was introduced. Recovery was rapid. The tumor contained a large hair ball and a mass of bone of the size of a walnut, resembling in form a molar tooth.





NEW AND IMPORTANT THERA-PEUTIC PRODUCT SYR. CRE-OSOTE COMP.

BY EDWARD C. MANN, M. D., NEW YORK.

The medical profession of the Middle States have just been put under many obligations to that excellent chemist, Mr. Wiley, of Neergaard & Co., New York, for giving them a new and valuable pharmaceutical product in an odorless and tasteless Syr. of Creosote Comp. The first claim it has upon our attention is that it has no caustic or irritant effect on the gastric mucous membrane. Second, it is almost tasteless, and third, it does what many new remedies do not do, good clinical work, and lastly, it is, as we have decided the American dollar shall be, what it purports to be. It is the most valuable resuscitating tonic, when combined with the hypophosphites as Neergaard Syrup Creosotum Comp. is that we have in our armamentarum with which to treat cases of tubercular phthisis or scrofulosis. It is well borne by the most delicate stomach and does not offend the most fastidious patient. It enriches the quality and the number of the corpuscular elements of the blood, and night sweats cease, cough lessens and expectoration becomes less, and the patient put on it increases in bodily weight and strength. It is taken clear and does not require to be mixed with milk, wine or water, as other creosote preparations do. We have all

felt the need of such a preparation and we hope that Mr. Wiley, who has experimented for a long time to give the profession a non-caustic preparation that would not produce pain, will have the hearty support of the profession to repay him for good clinical work done in the interest of science. We understand that Mr. Wiley is a successful candidate for the degree of Fellow of the Society of Science, Letters and Art, of London.

68 West Thirteenth street.

PAIN AND REST IN DIPH-THERIA.

Rest is one of the sweetest words in our language, and in the management of no disease is this more true than in diphtheria. In keeping with the experience of Professor T. E. Murrell, ex-vice president of the American Medical Asociation, and Dr. Pollack, of St. Louis, who have found antikamnia valuable as a reliever of the pain of nocturnal earache, it has also been found of great value as a sleep producer in these cases. Given in doses of two and a half to five grains every two or four hours there is no depression nor have other than satisfactory results been obtained. Dr. Eggers, of Horton Place, St. Louis, reports in the treatment of an attack of diphtheria in a member of his own family that, to obtund the pain consequent upon the injection of antitoxine serum, which ordinarily lasts from three to four

hours, he exhibited antikamnia internally, securing relief in minutes. In the treatment of any neuroses of the larynx, coughs, bronchial affections, la grippe and its sequele, as well as chronic neuroses, clinical reports verify the value of codeine in combination with antikamnia, the therapeutical value of both being enhanced by combination.

CAROID.

Sheffield Scientific School, of Yale University. Sept. 25, 1896.

Charles Roome Parmele Co.,

Gentlemen—I send you herewith the results of my study of the di-gestive power of "Caroid," as con-trasted with "Papoid" and commercial papain. In order that you may fully appreciate the data upon which the conclusions are based I send you the quantitative results obtained. The experiments were conducted in series, the digestions of each series being carried out under exactly similar conditions as to temperature, length of time, etc.:

FIRST, PROTEOLYTIC ACTION. RST EXPERIMENT, WI COOKED BEEF PROTEIDS.

Each digestive mixture contained 0.5 grammes of the ferment preparation, 25 cubic centimetres of fluid, water, acid or alkali, 10 grammes of the moist prepared proteid, and warmed at 40-45 degrees C., with frequent stirring for four hours.

The 10 grammes of moist beef contained 3.8929 grammes of dry proteid, dried at 100-110 degrees C. Following are the results obtained:

CAROID.	
Undigested	Proteid
residue.	digested.
Grammes.	Per cent.
Water	62.7
0.05 Hydrochloric Acid1.5534	60.0
0.50 Sodium Bicarbonate1.4045	63.9
PAPOID.	
Undigested	Proteid
residue.	digested.
Grammes.	Per cent.
Water 2.2030	43.4
0.05 Hydrochloric Acid2.3234	40.3
0.50 Sodium Bicarbonate1.9583	49.7
CTICOSTO YEXTYSYN TA FYRATER	TTTTTTTT

COND EXPERIMENT, WI COOKED BEEF PROTEIDS. SECOND

This experiment differs from the preceding, especially in that the amount of ferment preparation employed was much smaller. Each digestive mixture contained grammes of the ferment, 25 C. C. of water or other fluid, 10 grammes of moist proteid, and was warmed at 40-45 degrees C. for 3 1-4 hours.

The 10 grammes of moist proteid contained 3.4186 grammes of

proteid, at 100-110 degrees C.

Following are the results obtained:

CAROID.

	Undigested	Proteid
	residue.	digested.
	Grammes.	Per cent.
Water	1.7125	49.9
0.05 Hydrochloric Acid	1.8800	45.0
0.50 Sodium Bicarbonate .	1.6086	52.9
PAPOI	ID.	
	Undigested	Proteid
	residue.	digested.
	Grammes.	Per cent.
Water	2.5052	26.7
0.05 Hydrochloric Acid	2.8328	17.1

THIRD EXPERIMENT, WITH BOILED BLOOD FIÉRIN.

This experiment was characterized by the use of a difficultly digestible form of the proteid matter, i. e., blood fibrin, which had been washed with water, soaked for a long time in alcohol and ether and boiled with water. Further, the digestive mixtures contained a larger volume of fluid than in the preceding experiments and a larger percentage of acid and alkali.

Each digestive mixture contained 0.5 grammes of the ferment preparation, 50 C. C. of water or other fluid, 5 grammes of the dried prepared fibrin, and was warmed at 40-45 degrees C. for 6 hours.

Following are the results ob-CAROID.

tained:

Undigested	Proteid
residue.	digested.
Grammes.	Per cent.
Water2.9582	40.8
0.10 Hydrochloric Acid4.7801	4.4
1.00 Sodium Bicarbonate2.8991	42.0
PAFOID.	
Undigested	Proteid
residue.	digested.
Grammes.	Per cent.
Water 4.0449	19.1
0.10 Hydrochloric Acid4.7533	4.9
1.00 Sodium Bicarbonate4.0703	18.6

EXPERIMENT. COAGULATED EGG ALBUMIN.

Each digestive mixture contained 0.2 grammes of the ferment preparation, 25 C. C. of fluid, 10 grammes of the albumin coagulum, and was warmed at 40-45 degrees C. for hours.

The 10 grammes of albumin coagulum contained 0.9840 grammes

dry albumin, dried at 100-110 degrees C.

CAROID.

	Undigested residue.	Proteid digested.
·	Grammes.	Per cent.
Water O.05 Hydrochloric Acid		54.2 14.5
0.50 Sodium Bicarbonate .		45.0

PAPOID.

Undigested	Proteid
residue.	digested.
Grammes.	Per cent.
Water 0.6180	36.9
0.05 Hydrochloric Acid0.9395	4.1
0.50 Sodium Bicarbonate0.7010	28.4

The following summary will help bring out more clearly the main points of difference in the digestive action of the several preparations. The figures are the percentages of proteid digested:

IN THE PRESENCE OF WATER.

1st Exp. 2d Exp. 3d Exp. 4th Exp.

Carold62.7 49.9 40.8 54.2

Papoid43.4 26.7 19.1 36.9

IN THE PRESENCE OF ACID.

Table 1 NESSENCE OF ALKALI.

1st Exp. 2d Exp. 3d Exp. 4th Exp.

Carold ...63.9 52.9 42.0 45.0

Papoid ...49.7 ... 18.6 28.4

From these results it is plainly evident that caroid is far superior to papoid in its digestive action on proteid foods, in neutral acid and alkaline fluids. Further, by comparison of experiments 1 and 2 it is seen that 0.2 grammes of caroid will digest as much proteid matter in neutral fluid as 0.5 grammes of papoid, from which fact some inference may be drawn as to the relative activity or strength of the two preparations.

FIFTH EXPERIMENT, WITH COAGULATED BLOOD FIBRIN.

In this experiment each digestive mixture contained 2 grammes of dry blood fibrin, 0.2 grammes of the ferment preparation, and 25 C. C. of fluid. The mixtures were warmed at 40-45 degrees C. for 5 1-2 hours:

WITH NEUTRAL FLUID.

	Undigested	
	residue.	digested.
	Grammes.	Per cent.
Caroid	1.0463	47.6
Papain, A		44.7
Papain, B	1.1671	41.6
WITH 0.05 PER	CENT. I	HYDRO-

WITH 0.05 PER CENT. CHLORIC ACID.

		Undigested	
		residue.	digested.
		Grammes.	Per cent.
Camid		1.4423	27.8
	A		24.2
Papain,	В	1.5274	23.6

WITH 0.5 PER CENT. SODIUM BI-CARBONATE.

	Undigested	Proteid					
	residue.	digested.					
	Grammes.	Per cent.					
Carold	1.0691	46.5					
Papain, A		38.3					
Papain, B	1.2498	37.5					

SIXTH EXPERIMENT, WITH COAGULATED EGG ALBUMIN.

In this experiment each digestive mixture contained 10 grammes of the coagulated egg albumin, equal to 1.0057 grammes of dry albumin (dried at 110 degrees C.), 0.2 grammes of the ferment preparation and 25 C. C. of fluid. The mixtures were warmed at 40-45 degrees C. for 5 hours:

WITH NEUTRAL FLUID.

	Undigested residue.	Proteid digested.
Caroid Papain, A Papain, B.	0.4303	Per cent. 64.6 57.2 57.2

WITH 0.05 PER CENT. HYDRO-CHLORIC ACID.

Undigested Pr	oteid
	ested.
Grammes. Per	cent. 20.2
Papain, A	10.9 13.1

WITH 0.5 PER CENT. SODIUM BI-CARBONATE.

			Undigested residue.	Proteid digested.
			Grammes.	Per cent.
			0.4596	54.3
				43.4
Papain,	В	 	 0.5927	41.0

If we examine these results critically it is plain that the digestive power of caroid on proteid matter is greater than that of the other two preparations. The difference in digestive strength is more apparent in these experiments with coagulated egg albumin than with the other form of proteid matter, although quite marked with blood fibrin.

•SECOND, STARCH DIGESTING POWER.

In starch digesting power caroid is far superior to the other preparations, papoid and papain. The following experiments will throw some light upon this point.

A starch paste made from 5 grammes of dry arrow root starch, with 500 C. C. of water. Mixtures were then prepared as follows:

Gr	amm	ie.		Wa	ter					
, 1.	0.5	Caroid	-]-	90			-]			
2.	0.5	Papoid		90	c.	c.	-[-[1]			
3.	0.5	Papain, A		90	c.	c.	-]-			
4.	0.5	Papain,B		90	c.	C.		10	C.	c.

These four mixtures were placed

at 40 degrees C. and tested from time to time with iodine solution. In five minutes No. 1 had reached the achromic point, while No. 2 did not give the achromic reaction until the end of two hours. At the end of three hours Nos. 3 and 4 still gave a bluish violet reaction with iodine.

In another series of experiments, exactly similar to the above, except that each mixture contained only 0.2 grammes of ferment, the caroid brought about a complete conversion of the starch into bodies non-colorable by iodine in 18 minutes, while the others gave a blue reaction after two or three hours.

The presence of alkalies retards the diastatic or amylolytic action, but the caroid shows throughout very much greater amylolytic power than the other preparations.

than the other preparations.

Respectfully yours,

R. H. Chittenden, Professor of Physiological Chemistry.

WHERE IS THE FOOL KILLER?

The Lancet-Clinic tells of a young man who was left a large sum of money to buy all the medical books published in the English language for ten years. A professional buyer was to buy them, and the young doctor attempted to read them. At the end of the first year he was back 50 books, with severe mental indigestion. At the close of the second year he gave it up in dispair, and from that time on he only read the titles and put the volumes away. Books accumulated in all parts, and an assistant attempted to arrange and classify them. At the end of ten years the first five years' volumes were scarcely worth more than their cost in old paper. The most of the last five years' volumes were reproductions of the first year's, with some additions and many changes. Finally he became involved and offered to dispose of these books, and the highest offer made for them was **\$**600. The actual cost had been \$16,-000.

-Medical and Surgical Reporter.

A QUESTION OF QUALITY.

A clergyman, with a view to introduce more hymn books into the

church, left with the clerk a notice to give out after the sermon. The clerk had also a notice to give out with reference to the baptism infants, and at the close the sermon he arose and announced: "All those who have children whom they wish to have baptized please send their names at once to the clerk." The clergyman, who was stone deaf, assumed that the clerk was giving out the hymn book notice, and immediately arose and said: "And I should say for the benefit of those who have not any that they may be obtained at the vestry any day from 3 to 4 o'clock; the ordinary little ones at 1 shilling each, and special ones with red backs at 1 shilling and 4 pence."

-Med. Brief.

RECTAL ALIMENTATION.

The following prescriptions are given by the Journal des Praticiens:
As a nutritive enema:

R-Cod-liver	oil.		 5	OZ.
Yolk of o	one	egg.		
Lime wat	ter.		 10) oz.

This mixture is sufficient for four or five enemata, which may be given during the course of a day. In other instances the following may be employed:

R—Cod-liver oil	 .5 oz.
Yolk of one egg.	
Chloride of sodium Water	

This is also sufficient for four or

five separate enemata.

In still other cases, where it is desirable to use the hypophosphites and the stomach will not retain them, the following rectal injection may be employed:

R-Cod-liver oil1	pt.
Gum tragacanth35	gr.
Gum arabic1½	oz.
Hypophosphite of lime35	
Lime water, a sufficient quan-	
tity to make 1 at.	

From four to six ounces of this liquid may be used as an injection.

For dysentery:

R—Sulphate of quinine10 gr
Powdered ipecac root5 gr
Chloride of ammonium10 gr
Tipcture of opium12 m
Distilled water1 oz

Of this a small teaspoonful may be taken every four hours.

—Amer. Druggist.

and Register. The Time

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PHILADELPHIA AND BOSTON, DEC. 19, 1896.

WHOLE No. 928.

FRANK S. PARSONS, M.D., DORCHESTER, BOSTON, MASS JOSEPH R. CLAUSEN, A.M., M.D., Manager, NO. 717 BETZ BUILDING, PHILADELPHIA. PA.

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SOME NERVOUS SYMPTONS OF DIABETES AND INTERSTITIAL NEPHRITIS.*

BY J. W. COURTNEY, M. D., BOS-TON, MASS.,

Assistant to the Physicians for Diseases of the Nervous System, Boston City Hospital.

That the two diseases in question frequently give rise to disturbance of the nervous system is a fact which is probably well known to you all, but that they not infrequently do so in such a way as to completely dominate the patient's consciousness to the exclusion of the so-called classical symptoms is, perhaps, not so well known, and I must offer this as my plea for engaging your attention in such a direction.

We all appreciate the fact that the patient in general is but a poor observer of variations from the normal in his somatic condition, so long as these variations are unaccompanied by objective alterations of structure or by pain. An increased thirst or a more frequent call to urinateeven though it come at night—oftentimes makes no impression on his

sensorium, but let an offended sensory nerve make known its plaint in a good sharp attack of neuralgia or prick his consciousness, as if with myriad pins and needles, and he takes alarm at once and seeks medical aid. This is the point at which we --unless we be constantly on our guard—are extremely apt to be led far astray from the true source of the materies morbi, and tricked into throwing temporary sops to Cerberus in the form of anodynes or analgesics.

It is far from my intention to give you in detail all the various ways in which the action of the toxic products of diabetes and interstitial nephritis is manifested in the nervous apparatus. I simply wish to illustrate by the citation of the few following cases how completely their clinical pictures—as we usually carry them most vividly in mind—may be obscured.

^{*}Read before the Norfolk District (Mass.) Medical Society, Nov. 24, 1896.

Case 1. J. W., male, aet 67, W., born in Ireland, occupation, laborer. F. H., negative; no nervous or men-

tal disease anywhere among his as-

cendants.

Prev. H., malaria many years ago; no manifestations of it in recent years. Denies venereal. Drinks one or two glasses of beer per diem; no tobacco. No severe illness of any sort since he can remember.

Pres. Illness. The patient comes on account of a very annoying numb and prickly feeling in the hands and legs, which has persisted now for nearly six months. It is worse in the legs than in the arms. Lately the top of the head has felt sore and he has experienced an indefinite painful sensation in the back and

On inquiry it is found that he is passing a large amount of colorless urine, even getting up three or four times a night, but that there is no

marked polydipsia.

Phys. Exam. Fairly well developed and nourished. Color good. Examination of nervous system shows nothing objectively but a slight increase in activity of the patellar reflexes. Heart and lungs negative. Urine pale, acid, sp. gr. 1036. Sugar in abundance. Albumen absent.

Case 2. Mary B., aet 45, widow.

Born, (?); occupation, nurse.

F. H., Neg. as to nervous or mental disease.

Prev. Hist. She denies alcohol and there is nothing about her marital career which suggests syphilis. has always considered herself fairly well up to one year ago, when she began to notice a difficulty in walk-

ing.

She describes her gait as clumsy and especially so when she attempts to get round in the dark. In October, 1892, she fell downstairs and was badly bruised, but no were broken. She was confined to her chair for two weeks and to her room for four. A few days after the fall a blister appeared on the plantar surface of the big toe of the right foot and was followed slough 3-8 of an inch in diameter. The slough separated, but the ulcer remained. At the end of eight

weeks the ulcer had completely healed.

Besides the difficulty in walking the patient has suffered for the past year with tremendous pains of sharp, shooting character, mostly in feet. They are most marked across the dorsum of the right foot. while the left foot and toes generally bear the appearance of the so-called "digiti mortui." When this latter foot is put into water it gets red and puffy, and the mere bathing causes such a disagreeable feeling—which the patient says is indescribable that she cannot sleep. It is not actual pain. The head is at times the seat of quick, darting pains, which do not last over a second.

The course of a paroxysm of pain may be as follows: Great toe, legs. abdomen, face. It is never worse at night.

For the past year there has been, also, a sensation of numbness in legs and feet, and since the accident prickling and swelling in the fingers. with occasional twitching of the orbital muscles.

There is absolutely no complaint of thirst or polyuria, but on inquiry it is found that previous to her injury she had been compelled to get up several times at night to void her urine.

Phys. Exam. Well developed and nourished; gait clumsy, but is dysbasic rather than ataxic; no static ataxia; no loss of muscular sense; pupils, ocular and facial muscles normal; heart neg.; knee jerks both diminished, the left especially sensation to heat and cold somewhat delayed, especially on the soles of the feet; to pain, diminished on the dorsum of the right foot.

Urine, pale, acid, sp. gr. 1032. Sugar in abundance. No albumen.

Case 3. This case has been kindly loaned me by my friend, Dr. John J. Thomas, and is of especial interest from the fact that it was referred to him by an oculist, to whom the patient first turned for relief. It deals with a male, aet. 59, married. He was born in Massachusetts, and is by occupation a music dealer.

F. H. good.

Prev. Hist. No alcohol. Denies venereal. No serious disease of any sort.

Pres. Comp. About 15 mouths ago he began to be troubled with diplopia, which has been constant since. In addition to this he has had occasional pains in the left hip and cramps in the legs at night, but no feeling of constriction and no lightning pains. He has noticed no unusual thirst and no polyuria, and there have been no cerebral symptoms other than the diplopia.

Phys. Exam. (by Dr. Thomas). Gait and station normal. equal in size and react normally to light and accommodation. Homonymous diplopia to the right, with weakness of the power of converg-ence and crossed images on looking Fundus normal. Face imto left. passive, and speech slow and monot-No tremor of lips or onous. Smell and taste normal. tongue. chords normal. Strength Vocal normal in arms and legs, and no inco-ordination present. No tenderness anywhere. Knee joints lively and equal, no ankle clonus. Sensation normal to pain, touch and temperature. Extremities cold. Heart negative. Urine, acid, color normal. Sp. gr. 1027. No albumen. About 2 per cent. of sugar present.

A brief summary of these three cases will indicate to you, as clearly as would a hundred such, the general conduct of the poison toward the nervous system. In the first, we see it merely irritating the finer terminal sensory filaments and the vasomotor apparatus. In the second, it has not only done this, but has probably caused actual parenchymatous changes in the large peripheral motor nerves, while in the third we have striking evidence of its selective affinity for single nerves, as the third

and sixth cranial.

Of the two following cases I have unfortunately lost the exact clinical data, and shall have to quote from memory. The first is that of a gentleman aged 60, whose only complaint for several years previous to his death was of periodic attacks of what he called his "nervous legs." This nervousness manifested itself by

intermittent paresthesiae of such character that they prevented him from sitting quietly and compelled him to stamp his feet, walk up and down and exhibit other signs of restlessness. These feelings occurred several times a week. Otherwise he considered himself perfectly well and was an extremely active business man. Only during his last illness, which was of short duration, was the urine examined, and was then found to be perfectly typical of chronic interstitial nephritis. It was then learned for the first time that he had for several years been passing large quantities of water. The heart was much hypertrophied.

The remaining case is that of a young girl aged 19, who was for a long time treated by her physician for what he considered an aggravated case of hysteria. She died after a duration of the illness of about 18 months, with cardiac symptoms, and at the autopsy there were found both in heart and kidneys the usual lesions attendant on chronic interstitial

nephritis.

It seems to me that the above cases, though small in number, demonstrate very clearly the necessity for a thorough physical examination with urinalysis in all those cases which we are usually only too prone to let go with a diagnosis of neuralgia, muscular rheumatism, nervousness or hysteria. The latter term, especially, has been cruelabused and made to service for every disease in the category, from tumor of the brain to exophthalmic goitre.

It may not be amiss to add that in diabetes the nervous disturbance bears absolutely no relation to the amount of sugar present. In fact the toxic agent is not the sugar it self, but probably a material formed in place of sugar by some modification of the chemical processes which lead to the increased sugar produc-

tion.

My reason for selecting the interstitial form of nephritis will be obvious if you consider for a moment how very easy it is for what I may term the gross symptoms to escape observation. As I said before, the existence of polyuria may make no impression on the patients' minds and many of them are totally unaware of the powerful action of their hearts. Oedema and ascites, factors so essential in most kidney lesions, are, if present at all, very late. I

consider, then, that we have in the nervous symptoms, which are but the expression of the persistent toxic activity of the uneliminated products of tissue metabolism, early and not infrequently the sole diagnostic signs of importance.



APPENDICITIS FROM AN ACCIDENT.

BY. E. P. GERRY, M. D., BOSTON, MASS.

The title "Accidental Appendicitis" is given for brevity, but the case can be better described as one of acute inflammation about the appendix, the result of accident rather than disease. The patient, 70 years old, had a fall while in her garden Wednesday, July 27, 1895. She had considerable trouble in getting up. On arising she immediately felt a sharp pain in the right side of her abdomen; did not feel comfortable during afternoon and evening, but next day, Thursday, felt no particular trouble. On Friday she was comfortable till she went to ride in the afternoon, when she felt a sense of coolness, but not a decided chill; she was conscious of her side. About midnight Friday was awakened by a very severe headache with nausea, and vomited freely an offensive fluid. She felt so sick and sinking that she was alarmed. As this lasted more or less until morning she concluded that she must have a physician, for, as she expressed it, she thought her last sickness had come. Saturday noon patient was first visited and found to be restless, anxious and with an expression of face indicating serious trouble. She was thirsty, but did not drink, as she dreaded the return of vomiting. Constitutional symptoms were grave, with a pulse of 120 and a temperature of 103. Patient referred her trouble to the right side, in the region of the appendix, with a sense of pain and very considerable tenderness. Palpitation gave resistance and rigidity of abdominal muscles over ileocecal valve; also a decided swelling, which appeared to empty when profuse vomiting came on.

As to question of diagnosis, acute inflammation from obstruction of the bowels, also intussusception, voluntary or internal strangulation,

were seriously considered, with localized peritonitis as an accompaniment.

During the afternoon of Saturday no new symptoms developed and she remained about the same. Warm fomentations were applied over tender region, and enough morphine to keep her comfortable was given.

Sunday morning there was so much more pain and tenderness and greater distention than had before appeared that a visit was made at noon. At this time she seemed decidedly worse and as the unfavorable symptoms were found at an early evening visit to have increased the gravity of the case was told to her husband, and consultation requested.

Dr. S. J. Mixter was telephoned and arrived about 10 P. M. Dr. Mixter very carefully considered the question of operation, but did not proceed, as he thought it justifiable to wait until the next morning. Her age was against operation, and the possibility of malignant stricture also made it rather a forlorn hope.

Dr. Mixter saw her again Monday morning and still judged it better not to suggest operation. During the day violent vomiting came on and she ejected large quantities of dark-colored, coffee-ground, stercoraceous fluid, reminding the attending physician of a case of intussusception which he reported in 1876. vomiting was reported to Dr. Mixter, and he again visited her, bringing with him Dr. Elbridge Gerry Cutler. After a most careful examination and consideration of the case and a statement to husband and family of the probably fatal issue, operation was again, as the reader thought, properly deferred, in fact abandoned.

As it appeared later, the vomiting seemed to turn the tide in the pa-

tient's favor, for it was observed that the more she vomited the more she appeared to be relieved. After this came on she required very lit-

tle morphine.

Although her life hung in the balance for a number of days she commenced to improve, and when Dr. W. H. Richardson saw her on August 1 she was on the road to recovery. She steadily improved and made an interrupted recovery, the last professional visit being made August 29, a little more than a month from the time she fell. She has been perfectly well since.

I wish to call attention to what

confronted us in this case:

1. Quite severe pain, a serious

symptom.

2. Copious vomiting, another serious symptom, often making prognosis unfavorable.

3. Great tenderness, a more important symptom than pain, as it evidently existed over a much dreaded region, viz.: the vicinity of the

appendix.

- 4. Marked rigidity of abdominal muscles with great distention. A symptom of circumscribed, if not general, peritonitis, when accompanied by vomiting, a very serious symptom.
- 5. Extravasation imminent, if not already existing, a symptom where time was precious, as septic infec-

tion might also have existed, conditions which would have pointed to acute and severe appendicitis, the result of perforation.

Add to these such grave constitutional symptoms as a pulse of 120, a temperature of 103, a rapid respiration and a look of impending disso-

lution.

In this case, as in all others where the abdominal region is involved, the diagnosis was the important question. The reader frankly admits that he may not have selected the best title for his paper. Perhaps the marked improvement after vomiting which came on may point as much to acute obstruction as to appendix inflammation. Operation was the only way to make the diagnosis positive.

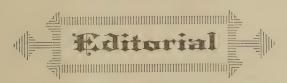
It is anticipated that the coming discussion will throw light upon

such cases.

The reader has purposely omitted extended discussion regarding appendicitis, its diagnosis, symptoms, cause, prognosis, etc, not because he does not think the appendix may have been involved, even if the more correct diagnosis was acute obstruction, intussusception, volulus, etc., for gangrenous appendix has been found as a complication in cases in which the diagnosis of other abdominal diseases has been verified.

2 Everett st., Jamaica Plain.





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THE OPENING DAY OF A PAY HOSPITAL.

The medical profession of New York city and suburbs and villages have lately been regaled by an invitation from the management of the Roosevelt Hospital to attend the "opening day" of their annex mammoth pavilion for "private pay patients."

This it seems has proven the last straw to break the camel's back, for at last our medical contemporaries have shaken off their lethargy and awakened to a realization of the menace to the profession, which these ever-growing, so-called private hospitals are becoming. The Medical News comes out, and in clarion tones, and in most scathing terms condemns this latest enterprise to further plunder practitioners; and in last week's issue of the Medical and Surgical Bulletin, the editor

condemns the whole scheme, and warns practitioners to be on their guard against this latest encroachment on their means of existence.

And no wonder, for be it remembered that this concern has an equipment for the "excellent nursing and professional care" of several hundred patients.

All that is needed now to reduce the mass of the profession in New York to a state of pauperism is a million or two from the Vanderbilts to endow it.

Why on earth should any one offer a fee to a surgeon, employ a physician to attend him through an attack of typhoid, pay a nurse or bear the expense of medicines, etc., when the whole thing can be had for the mere trifle of \$6 or \$7 per week?

The best thing that can be done

with this palatial addition to the over-hospital supply of New York is to convert it into a home for the infirm and destitute aged, something badly needed in all our larger cities. As a hospital, or a "hospital boarding house," as one of our exchanges very properly designates it, its doom is sealed, for no such institution can exist when anathematized by a united profession.

Apropos to this it may be said that one of the most potent causes of the late growth of private hospitals and sanitariums for surgical cases has been the humbug theory of antisep-

We noticed lately a trenchant essay on this subject from no less an authority than Frederic Treves, who exposes the thin-veiled quackery of certain operators, and shows that the greater part of modern surgical operations in our theatres are performed for dramatic effects; that the antiseptic hobby is being ridden to death, and that any operation may be performed with as good or better chances in one's home as in any hos-

pital.

Let physicians rid themselves of the nightmare of germ infection and utilize the simple principles of com-mon clean linens in surgical operations. Let them insist on these operations being done under the shelter of their own homes, amid the cheer and solace of their kindred or friends.

There is no longer a "corner" in surgical knowledge, as there are few large villages now without one or

more capable surgeons.

If the patient be poor let the service on the case be divided, the surgeon operating gratis and the family physician continuing the after-treatment.

MATERIALS FOR LIGATURE OF VESSELS.

There yet remains some diversity of opinion among surgeons on the question of ligature material for the obturation of divided arteries.

In fact, the whole subject of the ligation of arteries has undergone quite a revolution during the past

decade.

In our student days surgeons emphasized the imperative necessity of always crushing through the muscular coat of an large artery under the knot. This retracted, coiled on itself and constituted a mechanical barrier, while the serosa was retained as a shield to cover in the denuded surface in the healing process. The clot or coagulum was said to act as an important accessory in plugging the end of the vessel, later organizing and assimilating with the vascular wall which inclosed it.

But Ballance and other modern contemporary writers advise when an artery is ligated in continuity not to crush the muscular coat by extreme compression, and that the embolus is a foreign body, the result of bacterial invasion, and is in no sense an essential element in the definite closure of a vessel.

But we have theories and theories. In fact, the insatiate craving of the human family is for something "new," some novel notion, however questionable its underlying rationale may be. We must in the end be guided by experience and results, rather than by recent unsupported speculation, however fascinating it may be.

As a matter of fact, in all the larger peripheral arteries, devoid of much elastic fibre, when we essay to close these spouting orifices, the ligature must be securely drawn, with such a degree of tension as will quite invariably rupture the middle coat.

It has been objected that when this is done the resulting damage to the vessel favors secondary hemorrhage. But in torsion, which the late lamented Dr. John B. Murdock and others have quite exclusively depended on, the end of the vessel is

quite entirely destroyed.

We note in the early history of the revival of ligation of the arteries by Ambrose Pave, and when Hunter employed the ligature for poplitial aneurism, so fearful were they of injury to the vascular walls that tapes of different thickness and con-

sistence were employed.

Finally silk, cotton and linen fibre, horse hair, metallic material and animal tissue have been utilized. There are objections to all of them. Silk is the most secure material, but it is difficult to render asceptic, and, at all events, when buried in the muscular tissues, becomes a foreign body. The peritoneum encysts it

and it answers well here.

Catgut no doubt is the most satisfactory perhaps when we wish to imbed a ligature in the tissues. But there is always an element of danger attending its employment on large vessels. Catgut is a material which disintegrates early and does not keep well. To be at all reliable it must be fresh and carefully prepared, with a view to securing it aseptic. Then it may slip on a vessel, swell, tear, or the knot untie. When using it on a large vessel, as the femoral or

common carotid, it is well to apply two or more, in order to provide against accident. It is almost needless to add that when about to be used as a ligature it should be first thoroughly tested.

There can be no doubt but the ideal obturation of an artery is that which will secure it without any ligature at all or extraneous substances. In order to encompass this end, torsion has been largely substituted on

divided vessels.

It will answer perfectly for the peripheral veins and smaller arteries, but there are few operators who will depend on it for the larger arterial trunks.

Some years ago it occurred to me that one might utilize the aponeurotic structures, or even the arteries themselves, as obturing agents.

With a view of testing the practicability of the theory I made several experiments on arteries of the lower animals, and then applied it to the human subject. I found it to admirably fulfill the purpose expected with the surface veins. In one case of a boy who had his thigh crushed through just above the knee joint, I picked up the mangled end of the artery, and in the amputation which succeeded and employed it as an antogenous ligature. There was no secondary hemorrhage, and unison of the stump was prompt.

RIGOR.

Chill and rigor are not synony-mous terms, the former denoting an abnormal sensation of insufficient warmth, while the latter includes the more morbid phenomena of absolute shivering, with tremor and chattering of the teeth. Rigor, more or less marked, constitutes one of the earliest forerunners of fever. It signifies disturbance in the special physiological centre or centres that govern the acts of respiration and circulation. This disturbance sets up vaso-motor derangement of the peripheral circulation, and a consequent discrepancy

between the internal and external bodily heat; meanwhile, though the surface is cold, and the nails and lips are livid and blue, waste of tissue is increasing, and the temperature continues to rise. (This fact seems to have been recognized long ago, for many old-time physicians practiced blood-letting—their method of reducing temperature—in the cold stage of intermittent fever. To-day we derive benefit in the same stage from the administration of nitrite of amyl.) Rigor is variable in intensity and periodicity, though it is al-

ways a significant omen; whereas the mere presence of obnoxious matters (as certain foods and drugs) in the digestive tract is sufficient to produce chills. This is exemplified în urticaria. But malarial, relapsing and typhus fevers, and empyema, pleurisy and pneumonia are announced and introduced by a distinct rigor. In a less violent form it occurs in other fevers; also in erysipelas, venous thrombosis, pelvic cellulitis, nephritis and metritis, and during the growth and maturation of abscesses and the transit of renal and biliary calculi. The rigor of malarial fever rapidly merges from an initial chill into convulsive shaking, which endures from a few minutes to several hours, though in childhood it is neither definite nor periodic. The rigor that attends typhoid fever is delayed for one or two days, and is not then a prominent feature; but when it arises suddenly at a later stage it forebodes perforation of the intestinal wall. In typhus and relapsing fever, rigor is an early and conspicuous symptom. In pleurisy it may take place. yet it is neither so constant nor so pronounced as in pneumonia. unless the affection develops into empyema; then rigors will be intense. Remittent fever commences with chills. sometimes with actual rigor, while the temperature stands abnormally high. In scarlet fever and measles rigors may or may not be present; in rotheln there are only chills. In

incipient phthisis chills are frequent; in the later stages rigors. In the hectic of phthisis rigor may occur daily, simulating intermittent fever. Rigor with sudden rise of temperature usually initiates ervsipelas of the face or scalp. When venous thrombosis tends to suppuration rigor ensues, as is also the case with pelvic cellulitis. While gall-stones are "en route" rigors occur, but they are not premonitory. Rigors and profuse perspiration are common in metritis. Rigor recurring every day and quickly succeeded by exhaustive sweating points to pyemia, with prospective formation of secondary abscesses; septicemia is sometimes ushered in with a mild rigor, which, however, may not recur. At the onset of osteo-myclitis there are slight rigors, which rapidly become intensified as the disease progresses. Again rigor accompanies traumatic fever and the collapse due to accidents and operations. A rigor after the use of catheters or bougies, in a healthy subject, will probably be unimportant; in a patient afflicted with kidney disease it implies "urethral fever," and may betoken the approach of uremia, with perhaps a fatal ending. In the suppurative interstitial nephritis that follows urethral operations, true rigors appear and repeatedly recur; in diffuse nephritis, due to scarlet fever, intemperance or exposure, there are preliminary rigors and chills.

Louis Lewis, M. D.





THE ELECTRICAL POLARITY OF DISEASE.

Some Theories of the Electro-Therapeutics of a Generation Ago.

BY S. H. MONELL, M. D., BROOKLYN, N. Y.

The question as to whether or not there is any scientific solution of the uncertainty which surrounds the choice of current, polarity, dosage, etc., in the great variety of electrical applications to the treatment of disease must possess interest until the

answer is determined.

Thirty and forty years ago electrotherapeutics was in its infancy, yet there then began to be taught by a number of men certain theories which they believed to be a true and scientific solution of the whole matter. From Paige, Bolles, Wells, White and Clarke down to Tipton these men disputed over refinements of dogma, but all agreed in setting forth practical principles which made electro-therapeutics well nigh an exact science. In fact, no simpler system could be desired than to consider all diseases due to a disturbance of the balance of the electro-positive and electro-negative state of a part or the whole body, and the means of cure a restoration of the polar equilibrium by applying the positive pole to negative states, and the negative pole to positive

states. If any physician mistook his diagnosis and found one pole ineffective he had but one other remedy to search for and that was the opposite pole. The arguments by which various authors held up this attractive theory of the polarity of disease were both ingenious and sincere. The advancing march of pathology has taken force from the teachings of these pioneers, but their philosophy must be sound to-day if it was ever sound at all. Without assuming any responsibility for the opinions expressed I have written out a condensed account of the old idea that every diseased state had an electrical polarity which could be determined and corrected by so simple a means as is described.

THE THEORY OF WELLS.

Man is a compound electrical being. The two brains are the fountain or electrical reservoir of the physical system, the centres of the nervous system, together with the spinal cord. Each separate nerve, however small, is a perfect electrical magnet, and in health represents

-|- and - electricity alike, i. e., in

equilibrium.

The heart does not circulate the blood on the hydraulic or hydrostatic principle, but on electrical principles, according to the universal law of electricity, to wit: Two bodies possessing like electrical polarity repel each other, but having opposite polarity they attract each other. This law is universal. The gases of respiratory air are: Oxygen—electro-positive; nitrogen—electro-negative.

In inspiration O is separated by the H from N and transmitted to the venous, i.e., none-oxygenized; i.e., negative blood. The -|- oxygen and — venous blood are united by the law of electrical affinity, i.e., unlikes attract, and at the same instant changes the electrical polarity of the dark venous blod from — to -|-, ar-

terial, red blood.

The lungs, in health, are electropositive, hence the blood in them now by the act of inspiration oxygenized from electro-negative into electro-positive must, in obedience to the law—likes repel—be driven from the lungs immediately after being put in the same polarity with them. For the blood must either leave or the lungs must, or the law has failed, and hence is not universal and reliable. But the law is believed to be reliable, and none are disposed to doubt it. Hence the arterial blood is repelled by the -lungs to the left auricle of the heart, to the left ventricle and go out through the arterial system to the capilaries, where it yields to the tissues for the purposes of the animal economy all the -|- electricity it gained in the lungs, and enters the veins as negative venous blood, to be returned to the heart and lungs through the action of the law, unlikes attract, the larger and fixed body always attracting the lesser and movable one.

Electricity given off by arterial blood is taken up by induction by the nerves accompanying the arteries, and thence conducted to the cerebellum, which is electro-negative to these nerves, but electro-positively related to the cerebrum and to all the visceral organs of the body.

The current flow in a closed circuit of electricity is always from -|-to --. The cerebrum is -|- to rest of

the system.

Cause of disease a loss of balance of the two forces of electricity in the part or parts diseased. In health the current sent to each organ and part to enable it to perform its function is balanced, -|- and — alike, but when too much or too little of one or the other is received by the organ or part its healthy action is interrupted and disease is the final result.

Rationale of cure—There is one principle in the treatment of disease on which all physicians agree, to wit: To remove the cause of the disease. Therefore, to remove cause and cure disease, restore balance of electricity in the affected part.

Electrical polarity of the human system, and the law of polarity when applied to bodies.—In health nerve currents move from origin to termination always. When anything is passed through a body it is going in half way and half way it is coming out. When a current of electricity, therefore, is passed through a body (no matter how short or long) it has an inward and an outward course—from entrance to centre and from centre to exit. Hence every current has two ends, i.e., the going in, the coming out.

The inward end of the current is the half between the -|- electrode and the galvanic centre is always negative, and the outward end, i.e, the half between the galvanic centre and the negative electrode, is always electro-positive. In health the first half of every nerve is electrically negative because the normal conduction from the -|- brain is downward (inward), and the last half is electrically -|- because the current is out-

ward.

MECHANICAL ANALOGIES.

1. Let a board lie in the sun. In a short time it is warped or curved. Side near sun inward contracts; reverse side outward expands.

2. A vessel on water, bow (head of current) opens, radiates and expands the water. The stern or tail

closes, contracts water in form of an

eddy.

3. Shoot ball through board. Entrance orifice is small compared with exit orifice, i.e., head of current expands and the tail contracts.

Pathology and diagnosis; definition of health.—Health is a perfect balance of the two -|- and — forces of electricity pertaining to the man, the legitimate results of which are a proper and complete performance of all the functions of the animal eco-

nomics. The same is true of a single organ or part. Disease is a loss of balance of two forces, and may be confined to a single organ or part or may embrace the entire person, the results of which become visible and tangible and manifested in either a partial or total suspension of the proper functions of the part diseased, or by at first an over-excitement and afterward a suspension, or also by pain, decomposition and death.

Continued in next issue.

THE ELECTRIC TREATMENT OF GASTRO-INTESTINAL AFFECTIONS.

Max Weiss (Centralblatt f. d. gesammte Therapie, September, 1896) reviews the work of experimenters and clinicians on this subject from Duchenne and Kussmaul onwards. He summarizes their results and his own experience as follows: In paretic conditions of the esophagus and cardia (for example, rumination) galvano-faradisation, which is the most powerful of muscular stimulants, is to be recommended. One pole of a galvanic battery is connected with the opposite pole of the secondary coil of a Dubois-Reymond, the other (usually the anode) with a broad electrode placed over the sternum. The free pole of the secondary coil is in connection with an electrode which is introduced either into the esophagus of stomach by means of a sound, or applied to the inner margin of the sterno-mastoid on either side. The sitting lasts five minutes if this electrode is used internally, ten if externally. Gastralgias and gastric neuroses indicated galvanism; the electric sound in only required in very obstinate cases, the affection

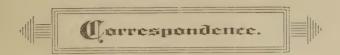
vielding usually to external galvanization with a current commencing at 5 milliamperes and gradually increased in the course of treatment to 25 milliamperes. The vomiting of hysteria and of pregnancy, and that seen in gastric crises, requires external galvanization with a large electrode applied over the dorsal vertebra and a smaller one over the tender spot in the epigastric region; the current should be fairly strong up to 20 milliamperes. Obstinate gastralgia due to the cicatrization of a gastric ulcer may yield or internal galvanization with a current of 10 to 15 milliamperes. Motor insufficiency of the stomach, with dilatation, is best treated with internal faradisation, which may be advantageously combined with massage; external galvano-faradic massage is also strongly recommended, the epibeing vigorously region stroked with an electrode leading from the free pole of the secondary coil. Internal electrical treatment is also of value in correcting secretory defects in the stomach, sub-acidity

requiring faradisation, super-acidity galvanization. Enteralgias derive much benefit from systematic stationary and transverse galvanization of the abdomen with powerful currents; the kathode is placed over the dorsal spine, the anode on the epigastrium. Electrical methods are extremely valuable in the treatment of habitual constipation; the best for this purpose are galvano-faradisation, galvano-faradic massage, and in very susceptible patients the galvano-faradic band. In simple gal-

vano-faradisation the electrode connected with the free pole of the galvanic apparatus is inserted into the rectum, while that attached to the secondary coil is stroked over the skin round the navel and along the large intestine; massage should not be combined with this procedure. Galvano-faradisation is also of much value in atony of the gut, and has been recommended by some as an adjunct in the reduction of volvulus and incarcerated hernia.

-B. M. J.





WAYSIDE NOTES.

BY ERNEST B. SANGREE, NASH-VILLE, TENN.

A few days since I read an article by a budding scientist in a homoeopathic journal in which the author lightly referred to the regular school of medicine as the "'allopathic' or empiric school." The great departed who toiled lifelong to elucidate the mysteries of disease and to discover methods of alleviation and cure would almost turn in their graves could they hear themselves classed as empirics as opposed to the "scientific" homoeopaths. For men to call themselves scientific who follow childish and senseless books of provings is laughable. Their leader was a man capable of gravely writing that he jeopardized a poor child's life by giving her a few drops of a high dilution, which he had carelessly shaken eleven times instead of ten, thus dangerously increasing the potency of the medicine.

Hahnemann and Keely would have made a good pair. The latter, in his mind, develops frightful pressure in his steel cylinders by gently tapping a tuning fork and having the cylinder vibrate in unison. The originator of the "scientific" homoeopaths had a brain which allowed him to say that a drug could be increased in potency both by infinitesimally diluting it, and then by shaking a certain number of times in a definite direction the imaginary medicine in the bottle of water.

An interesting series of experiments by an English bacteriologist made to confirm the general belief in the bactericidal influence of the

sun's rays, caused him to go a step further and conclude that the sun's rays were inimical to protoplasm generally. If so, perhaps the explanation of the pigment found in the skin of man and so generally in animals may have its origin in accordance with the general developmental law of the survival of the fittest. The native of Africa and Southern Asia, subject to the sun's burning rays, has developed a dark skin for the protection of cellular protoplasm. The Teutons and the Anglo-Saxons, Northern races, have white skins and light-colored hair; the Spaniards and Italians the reverse. The animals of the extreme North, for instance, where the sun's rays are shorn of their southern vigor, have often white fur and hair. But there are so many apparent contradictions to such a theory that much comparison and investigation would be required before one could do more than merely speculate.

The other evening a gentleman was accosted on the streets of Nashville by a shabby, genteel individual, with a request for ten cents with which to buy something to eat. "You don't want to get anything to eat," was the reply; "you want ten cents to buy a drink with." "Sir," responded the shabby genteel, doffing his hat and making a profound and courteous bow, "you speak like the prophets of old." This candor was too much; a quarter was forthcoming, and the banging of the nearest saloon door showed which way the

quarter went.



NATURE AND TREATMENT OF TETANY.

Oddo (Rev. de Med., June—September, 1896) discusses at length the symptoms of tetany in childhood, and points out that the theory adopted as to the etiology of the disease must have an important influence on the treatment to be adopted. rejects the view, urged especially by Kasowitz, that in childhood tetany is merely a manifestation of rickets, though admitting that rickets favors the appearance of tetany. He accepts the view that the essential cause of the nervous symptoms is a form of toxemia due to the absorption of poisonous bodies produced in the gastro-intestinal canal, owing to imperfect digestion. The form of imperfect digestion which is most liable to lead to tetany is that attended by dilitation of the stomach, with long retention of the food in the stomach. He points out that tetany of the adult, which he believes to be essentially the same disease, is associated with a special form of gastric indigestion, attended by hypersecretion of gastric juice containing an excessive quantity of hydrochloric acid—Reichmann's disease. To the objection made by Kasowitz to this theory, that while dyspepsia is very common in children, tetany is relatively rare, he offers two replies: 1. That for the production of tetany it is probably necessary that there should be a special form of perverted digestion, associated possibly

with some special form of microbe, or with some peculiar condition of (2)gastric secretion; and view that for the production of tetany there is necessary a special vulnerability of the nervous system. Not that the theory, which has been maintained, that tetany is essentially a disease of the nervous system, or merely a manifestation of nervous instability, however produced (for example, by heredity or malnutrition) should be accepted, but that the special form of toxemia upon which the nervous phenomena are produced only causes its characteristic effects when there is a predisposition in the nervous system. He calls attention to the fact that Weiss in the adult and Bonome and Cervesato in children, have rescribed certain lesions of a degenerative nature in the gray substance of the spinal cord, most pronounced in the anterior horns, in cases of tetany. Beginning with the hyperemia and cloudy swelling, they go on to degeneration of the cells, with overgrowth of the neuroglia. These lesions have not been observed in all cases which have been examined, but they agree very well with the nature of the symptoms observed during life, and are such as might be produced by a toxin circulating in the blood. With regard to the diagnosis he does not accept the opinion which has been strongly maintained by some German writers that the laryngeal spasm is pathognomonic of tetany.

A child may suffer from tetany and not from larvngeal spasm, that condition may occur in children who never show any symptoms of tetany in the limbs. It is, however, very frequent in children suffering from tetany under the age of 2 years, and since it may cause sudden death it adds to the importance of an early diagnosis of tetany, for much may be done by treatment to remove the cause underlying the nervous instability. Retraction of the head and squint are also to be recognized as among the less common manifestations of tetany, and may lead to the diagnosis of meningitis. In the latter disease the tetanic spasm of the hands and feet so characteristic of tetany are seldom present, and when they do occur are less prominent symptoms—vomiting is more persistent, and constipation is the rule, whereas in tetany there is nearly always diarrhea. In tetany the pupils are not unequal and the pulse is frequent. In the treatment of tetany the two indications are to favor the expulsion of the toxic substances and to prevent their formation. Both indications are met by calomel, which Oddo recommends to be given every other day in doses of 3-4 gr. or more, according to the age of the child. Washing out the stomach is a useful measure, which, however, must be adopted with discrimination owing to the risk of exciting laryn-geal spasm. The mode in which the child is being fed must be carefully investigated, and any errors corrected. If there be a deficiency of the acids in the gastric contents a teaspoonful of a solution of hydrochloric acid (1 in 1000) should be given after each feeding; if there be an exces of acid a small dose of sodium carbonate or lime water. To check decomposition in the intestines he recommends in addition to, or place of calomel, benzo-naphthol (1-2 gr. every two hours), which may be combined with bismuth subnitrate. To wash out the large intestine with water boiled or medicated with boric acid may also be recommended, both as an evacuant and an antiseptic. Vermifuges should be administered if there be reason to suspect the pre

ence of worms, for their presence may contribute to render the tetany more severe and inveterate. child should be guarded from cold and excitement, which are known to be capable of determining attacks of tetanic spasms. For the immediate relief of the spasms warm baths are the most effective agents. Of drugs, chloral may be given by enema to relieve an attack. For an infant at the breast the dose may be 15 gr. in four enemas during the 24 hours. This dose may be double if necessary, without risk. As a sedative to be used continuously during the continuance of the tetanic state and not only during the exacerbations, Oddo prefers bromide of strontium. In a very severe attack, after giving a prolonged hot bath, with cool effusions to the head, it may be necessary to resort to the inhalation of chloroform.

LABIAL HERPES IN MEN-INGITIS.

Habel, of Eichhorst's clinic (Deut. med. Woch., October 15, 1896) discusses the significance of herpes in the differential diagnosis between purulent and tuberculous meningitis. It is generally believed that herpes is not seen in tuberculous meningitis, whereas in purulent cerebrospinal meningitis it is not uncommon. The author reports a case in a girl aged 23. In January she began to waste and lose her appetite. Then there was headache, and in April she had to give up her work. Later she developed symptoms of meningitis, and herpes appeared on the lip and ear. Quincke's puncture was practiced, but no fluid could be obtained. At the necropsy there were the ordinary signs of tuberculous meningitis, but there was no trace of fluid in the dural sac. The ventricles of the brain contained much fluid. There was a caseating focus in the left apex, and a commencing general miliary tuberculosis of all organs. Among 65 cases of tuberculous meningitis occurring in the clinic there was herpes only in the above case, so that herpes in this disease must be very exceptional. Among 16 cases of purulent meningitis herpes was seen only once, but there were only 8 cases of the primary disease. Thus here no conclusions can be drawn. In Eichhorst's clinic lumbar puncture has been done 12 times. In 8 cases the disease was tuberculous meningitis, and vet the tubercle bacillus was only found once. Of the remaining cases 2 were purulent meningitis, and here the fluid drawn off was once purulent, one was a serous meningitis, which ended in recovery, and one was a syphilitic meningitis. In all the tuberculous cases clotting of the fluid occurred after a few hours, whereas clotting was not noted in the other cases. The following conclusions are drawn: Herpes rarely accompanies tuberculous meningitis, but does not exclude it. Lumbar puncture is a valuable diagnostic sign; clotting of the fluid is in favor of tuberculous meningitis.

CHANGE OF NAME.

The editors of Mathews' Medical Quarterly announce that with the January issue of that publication its name will be changed to "Mathews' Quarterly Journal of Rectal and Gastro-Intestinal Diseases." This is a change that has been deemed necessary for some time, as it is essential that the title of a medical journal should convey to the reader an idea of its contents, and this has not been the case with its name from the beginning.

There will be no change in the policy of the journal in the least. As it will continue to be the only English publication devoted to diseases and surgery of the rectum and gastro-intestinal tract, the articles which will apear in it will be limited to these subjects. The journal will continue to be edited by Drs. J. M. Mathews and Henry E. Tuley, and published in Louisville, Ky.





THE TREATMENT OF PNEU-MONIA BY LARGE DOSES OF DIGITALIS.

Barth (Sem. med., July 22, 1896) advocates this treatment in certain cases of pneumonia. Traube was the first to recommend digitalis in 1850, and Hirtz upheld its use most strongly, but the method was forgotten till Petrescu, of Bucharest, again brought it forward. He gives as much as 124 grains of the powdered leaves in an infusion a day for 2 to 4 days, the mortality among cases so treated being 2.06 per cent. He never saw any signs of digitalis poisoning. After one day of this treatment the temperature falls 1 to 3 degrees Centigrade, and after two or three days 5 or 6 degrees Centigrade. Fikl, giving 30 to 45 grains a day had very good results, the fever generally ending by lysis; occasionally, however, symptoms of poisoning supervened. Hueppel, in 1892, treated 15 cases with 45 to 60 grains a day without observing any poisoning, the fever usually terminating by lysis on the second or third day of treatment. Barth formulates the following rules: (1) If the patient is strong, under 40, with no concomitant organic disease, preference must be given to the treatment by baths; (2) under opposite conditions, especially when the heart is feeble, digitalis should be given in doses of 47 to 84 grains of the powdered leaves a day, exhibiting it every two hours infused in water with the addition of rum and syrup

of orange peel. Slight vomiting and vertigo are not contraindications, but the treatment must be continued till the pulse becomes abnormally slow or irregular. He doubts whether the enormous doses given by Petrescu are free from risk, and whether the artificial lowering of temperature by them is of real value; 45 grains a day of the powdered leaves should be the maximum dose.

STRONTIUM LACTATE IN BRIGHT'S DISEASE.

Bronowski (Wien. med. Presse, September 13, 1896) makes a preliminary statement of the results of his clinical and experimental investigations into the action of lactate of strontium upon the kidneys. His first experiments were upon rabbits, and consisted in the daily subcutaneous injection of a quantity equal to double the dose proportionate to the body weight. After a month one rabbit had gained 7 ounces in weight, and the second 10 ounces, while the third had not altered. They were perfectly well in every way, and after they had been killed the internal organs were found to be normal. The drug was then tried in 10 cases of kidney disease, three of which were acute parenchymatous phritis, six mixed nephritis, and one interstitial nephritis. Six doses of 15 grains were given daily, and well borne. In all cases the volume of the urine increased, and its specific gravity fell. This effect began on

the second or third day, and was most marked on the sixth or seventh, and persisted two or three days after the drug had been discontinued. The action was most marked in acute cases, and was much slighter in the chronic forms; the albumen diminished pari passu with the increase in the urine. In acute cases it disappeared entirely, but in chronic no diminution was observed. ethereal sulphates in the urine, by which the amount of intestinal putrefaction may be estimated, were unaffected, nor was there any constant change in the pulse or blood pressure. The antiseptic properties of the lactate of strontium were tested upon a patient with an intestinal fistula in the cecal region, and found to be extremely slight. A further series of experiments was made upon dogs, varying strengths of a solution of the drug being injected intravenously. The blood pressure was at first unaltered, but fell rapidly when the dose was increased; the rapidity of the pulse and respiration was increased, and the volume of urine was doubled or trebled. With enormous doses the volume again diminished, and the urine was found to contain red and white corpuscles. In this case there was seen postmortem (the animal having been killed by bleeding) hyperemia of the kidneys and hemorrhages into their capsule and parenchyma. The author concludes that strontium lactate is a pure diuretic, and is more valuable than any other remedy in the treatment of acute inflammatory conditions of the kidney.

INTRAUTERINE AFFECTION.

DURK (Munch. med. Woch., September 8, 1896) reports a case in which a viable fetus was the subject of an infection with the staphylococcus as well as the typhoid bacillus. A woman, aged 20, gave birth to a well-developed fetus in the fourth week of enteric fever. The mother recovered, but the infant died in about twelve hours. At the necropsy the skin was noted to be slightly jaundiced, the abdomen was

distended and contained 25 c.cm. of turbid fluid. The spleen and liver were enlarged. The intestinal mucous membrane was slightly injected, but there was no swelling of the lymphoid elements. Thus the exact cause of death was not apparent to the naked eye. Cultivations were made from the liver and spleen. Two kinds of colonies appeared, the one being shown to be typhoid bacillus and the other the staphylococcus pyogenes albus. In sections from the spleen the presence of the same two micro-organisms was demonstrated. The author then refers to recorded cases in which the transference of the infection from mother to child has been proved. In his own case two separate kinds of micro-organisms passed over from the mother to the fetus. It is known that often early in enteric fever the strepto and staphylococcus may be present, and under certain conditions give rise to complications. In Fraenkel and Kiderlen's case no typhoid bacilli were found in the fetus, but the staphylococcus aureus and albus. Although it is proved that the placenta is no insuperable barrier to micro-organisms, yet their passage through it does not always take place. The easiest explanation of this transference lies in an injury to the cells covering the fetal villi. The above case was not one of real congenital typhoid fever, but an infection of the blood with the typhoid bacillus. The penetration of the bacilli must have occurred not immediately before birth but at some antecedent date, as the enlargement of the liver and spleen and sub-capsular hemorrhage in the liver show.

THYRO-IODINE.

Lepine (Sem. Med., August 28, 1896) reports on recent investigations of the active principle of the thyroid gland, especially in relation to Baumann's discovery of thyro-iodine. For the production of thyro-iodine Baumann employs several methods, of which the best is the treatment of the gland with a solution of sodium chloride. The globulin is precipitated by a current of carbonic acid,

and the solution acidified and boiled when a precipitate of albumen and thyro-iodine falls. The latter is an organic substance combined with nitrogen and iodine (10 per cent.). Clinical observations show that thyro-iodine is very active, patients suffering from goitre and myxedema having been cured by it. Baumann maintains that the entire active substance remains on the filter after coagulation of the albumen. Fraenkel has obtained from the filtered portion a crystallizable extremely hygroscopic substance precipitated by the reagents of alkaloids having the formula C6 H11 N 3 O5, which he has named thyro-antitoxin. He has found this substance active in the treatment of obesity and productive of certain other effects; but it exerts no influence on nutrition comparable with that of fresh thyroid or thyro-iodine. Thyroid treatment results in a marked increase in the excretion of uric acid, but in spite of the nitrogenous denutrition obvious improvement has been obtained from its use in cases of recently trophied muscles. Hertoghe finds that thyroid treatment exerts a marked inhibitory action on the uterus and ovaries, together with a stimulating effect on the mammary glands of great value in checking the reappearance of menstruation during lactation and improving the quality of the milk.

CHEMICAL TREATMENT OF MORPHINISM.

Erlenmeyer (Prog. Medical, August 1, 1896), has for three years abandoned the method of rapidly cutting off morphine which is associated with his name in favor of one which he finds superior in respect of results. He noticed that the sudden deprivation of a morphinomaniac's drug was associated with the symptoms, both direct and remote, of hvperacid dyspepsia; actual investigation showed that when the sufferings caused by its discontinuance were most severe the sound revealed the presence of excess of hydrochloric acid in the stomach. The reason of this can be deduced from Alt's re-

searches, which show that morphine injected under the skin is largely excreted into the stomach, where it must exert a narcotic influence both upon the gastric glands, inhibiting their secretion, and upon the nerves. numbing their sensibility. the source of these actions is removed exactly the reverse changes take place; an excess of acid is poured forth upon the hypersensitive nerve endings, producing the symptoms of gastric disorder and of reflex nervous disturbances. To counteract this effect Hitzig washed out the stomach and introduced an alkaline solution of Carlsbad salts in place of the strongly acid gastric juice with marked relief. Erlenmeyer aims, on the other hand, at the neutralization of the hydrochloric acid in situ by means of Fachingen water, which contains 0.35 per cent. of bicarbonate of soda. He has treated over 30 cases in this manner, with an entire sence of either gastric or nervous symptoms. It is noteworthy that, although the patients are perfectly well and comfortable without it, the craving for morphine remains unappeased and they still shriek like maniacs for the drug. To make his treatment absolutely systematic the author intends to administer hydrochloric acid during the morphine-taking period, so as to avoid the subacidity of the stomach and to retain the natural relations of the nerves to the acid.

VENESECTION.

Kronig (Berl. klin. Woch., October 19, 1896) begins a study of this subject. He refers to the authorities who have recently advocated venesection in certain cases, and first discusses its use in acute pneumonia. The effect of odema of the lung, or a very massive exudation compressing the capillaries, is such as to cause an insufficient exchange of gases, thence a co-intoxication. With this is associated a mechanical difficulty. For a time the reserve force of the right ventricle can overcome these difficulties, but when exhaustion sets in there is dilatation, and then commences the danger to the patient. The blood is driven into the left auricle with difficulty, and the heart muscle is insufficiently nourished. The pressure in the pulmonary circulation increases and that in aorta diminishes. To overcome these dangers two expedients are had recourse to, namely (1), to increase the power of the right ventricle by stimulants and cardiac tonics and (2) if this dues not succeed, to reduce the mass of blood by venesection. venesection then produces a diminution of the cyanosis and of dyspnea, and the pulse gains in strength. The author believes that the best time for venesection is near the time of the crisis. It should be repeated if necessary. He refers to three apparently hopeless cases in which venesection was followed by recovery. Again, in non-febrile affections of the heart and lungs the pulmonary circulation may become overloaded. Here venesection may give even better results than in acute pneumonia. Occasionally in heart disease sudden exhaustion may occur in a heart hitherto acting relatively well. Cyanosis, smallness of the pulse, intermitting respiration, may lead quickly to death. By a venesection the right heart is relieved. The author refers to two such cases. The one occurred in a man aged 58, who was seized with sudden and most severe dyspnea. After a bleeding to 200 c. cm. the cyanosis rapidly disappeared. In the other case a girl aged 16, with heart disease, was suddenly seized with great cyanosis. The radial pulse could not be felt, and there was Cheyne-Stokes breathing; 380 c. cm. of blood was withdrawn, camphor injections given and artificial respiration practiced. On the following morning there was no

trace of the severe symptoms of the day before. There is a group of cases in which the cardiac tonics do not act satisfactorily. The author refers to one case in which the patient appeared almost moribund. Digitalis failed to relieve him until venesection had been performed, when it yielded the best results, and the patient lived for two years.

CONTRA-INDICATIONS OF SALI-CYLIC TREATMENT IN ACUTE RHEUMATISM.

Jaccoud (Sem. Med., October 28, 1896) holds that the beneficial action of salicylate of soda in acute rheumatism is confined to the joint affection, and has no effect on the visceral complications. He never prescribes it where there is endocarditis; in pulmonary complications it increases the dyspnea, promotes the appearance of albuminuria, and when there is headache, delirium or other cerebral phenomena, might entail the patient's death. In the more common form of rheumatism, in which the visceral complications are of moderate intensity and do not show till the second week, it is not unusual to meet with a sort of alteration in the severity of the arthritis and the cardiac or pleuro-pneumonic affection. Salicylate of soda, he believes, in relieving one aggravates the other, and to proportionate extent. quotes statistics of Donald Hood, S. Coupland, G. Smith and Bodt, to show that visceral complications are more common in cases treated by salicylates of soda than in others, and concludes it ought never to be given when such complications exist.

B. M. J.





ALIMENTATION IN MENTAL DISORDERS.

In the management of cases of nervous and mental diseases great difficulty is frequently experienced in the feeding of the patient owing to the presence of nervous anorexia or various delusions. These persons sometimes refuse food on the ground of poverty or the inability of swallowing it, and the physician's ingenuity may be taxed to the utmost to provide nourishment in such form that it will be taken in sufficient quantity to sustain life. viously a concentrated albuminous food product, which can be administered without the patient's knowledge, is a desideratum, and for this purpose Somatose is eminently adapted. It contains the nutrient principles of meat in a condensed, digestible and assimilatable form and, being readily soluble in a variety of fluids and practically free from taste and odor, can be given without awakening the distrust of the insane. Dr. Kornfeld (Medic. Chirurg. Centralbl.) relates two interesting cases illustrating the value of Somatose in cases of dementia. The first was that of a woman suffering from senile melancholia, who refused food on the plea that it no longer passed into her stomach, the greatest difficulty being experienced to administer even a small amount of nourishment in a fluid form. Somatose was given for seven weeks in soup, coffee, or in form of Sonatose chocolate, and at the end of this time she began to eat everything, increase in weight, became more quiet and content, and this improvement has persisted for ten weeks. The other patient, who had been affected with paralysis for six weeks, could be induced only with the greatest difficulty to take

coffee and soup. After one week's employment of Somatose, which had been added to his food without his knowledge, the appetite improved, he began of his own accord to eat more heartily, became more lively and active and gained in weight. This improvement has kept up for six weeks.

TREATMENT OF QUINSY.

In any suggestions as to abortive measures I recognize the fact that we do not usually see a quinsy patient until the disease has been progressing for 24 or more hours. To abort it at this stage is out of the question in almost any case. We cannot claim for any medicinal remedy or combination a positive abortive effect in a case of quinsy.

In every case it is advisable to give a good mercurial cathartic, followed by a saline. Unless we are reasonably positive of the presence of pus, when the case is first presented, I do not believe the use of the knife is advisable at that time. We must not provoke the inflammatory action by a too hasty attempt to relieve our patient by incision. We have all too often seen a veritable stabbing process performed in and about the tonsil in the fruitless endeavor to locate the abscess. It appears to me this might usually be avoided by previously assuring ourselves with a careful differential diagnosis.

For many years the stereotyped line of prescribing had been quinin, opium, guaiacum, sodium salicylate, aconite and belladonna, either singly or in compound, as the opinion of the prescriber was guided by experience. I have no word of criticism for these. They were good, and doubtless afforded vast relief in the

aggregate. But as all things must change, and we tire, even of friends at times, so when improvements are made we must accept them as such. More recently salol has come into

quite general favor.

From 1892, when I listened to Dr. Newcomb in his exhaustive paper on the treatment of tonsilitis medicinally, at the meeting of the American Medical Association, in Detroit, until about one year and a half ago, I have felt that salol was the remedy par excellence for these cases. that time three cases, all clerks in the same department of one of our largest establishments, presented themselves at the same time. Two of them roomed together, the other lived with his parents. Such a coincidence at least suggested the pos-A broken sibility of contagion. window on a cold, damp day was the presumable etiologic explanation. They were all suffering intense pain. Two of them had typical attacks of quinsy, the other tonsilitis. I used my usual applications, advised hot gargles and poultices, prescribing salol with rather confident promises of speedy relief. positive had had two and two doubtful failures with salol the three years' experience previously, so that to find my patients growing worse for 36 hours did not entirely surprise me. Free incision was meanwhile made without obtaining pus in either case of quinsy. The tonsilitis was further advanced, and was much relieved by the incision. In the other two I prescribed lactophenin, 10 grains every three hours. After the second dose Mr. B. was almost entirely relieved of pain. The temperature the following morning was 99.2. The other symptoms were likewise very much ameliorated. In the case of Mr. R., the third dose relieved him quite as completely. At this visit I was able to thoroughly evacuate the pus and cleanse the cavity, affording the usual relief in such cases.

Since the above experience I have used the remedy in 12 cases of quinsy, and in all but one instance the results have been most gratifying to myself, and I am sure no less so to

the patient. These patients have been first seen in all stages of the disease, from the first hour of the attack to the fourth day; and in one case, in consultation, on the sixth

day.

The average time of relief has been about four hours. In all but three relief was decided before the knife was used. In each of these three there were evidences of pus present, and the bistoury was used at once, so that the part played by the remedy is indeterminate.

I have in these cases given the lactophenin to the exclusion of every other remedy internally, excepting the cathartic already referred to, not omitting, however, the usual hot gargles and external applications.

My reasons for preferring it to salol are: Its action is decidedly more prompt, it has thus far given me no undesirable after effects, it not only relieves the pain, but reduces fever with an equal certainty. In cases of evident rheumatic diathesis I should certainly employ, in addition thereto, my customary remedies.

J. Homer Coulter, M. D., Chicago.

THE PART PLAYED BY FAT IN THE PRODUCTION OF HERNIA.

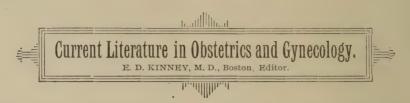
Lucas-Championniere (Bull. l'Acad. de Med., No. 33, 1896), whilst acknowledging that in exceptional cases hernia may be due to sudden and rapid emaciation, points out that its association with an excess of fat is so frequent as to justify the conclusion that hernia may be caused by obesity. This association is met with more frequently and in a more marked form in young and subjects than in those of advanced age. Recent deposits of fat, it is stated, are composed of a material which at the temperature of the human body is liquid, and is, therefore, capable of transmitting pressure in every direction, which transmission is eminently favorable to the expansion of canals and the yielding of weak parts. The author is opposed to the view that the sac of an acquired hernia is, as a rule, formed directly by exaggerated pressure of

the abdominal viscera. His own view is thus expressed: The subperitoneal tissue, which is composed of cellular tissue and distinct masses of fat, is attached to the peritoneum by more or less resistant cellular filaments. which filaments, when the fat is pressed into a canal or against a weak spot, drag on the serous membrane, so that in the course of time a cul-de-sac is formed, into which intestines or omentum pass under the influence of any intra-abdominal pressure. This process, it is stated, occurs in all hernial regions. It has been proved by frequent observation that epigastric or ventral hernia is thus usually produced; and with regard to inguinal and crural hernia, in which it is more difficult to follow this process, the author has collected a group of cases which prove that in the development of such protrusions the swellings known as prehernial lipomata play a prominent part. This action of the adipose tissue at the seat of the future hernia is assisted by a general fatty repletion and distension of the abdomen. In very stout subjects the subperitoneal fat occupies much of the abdominal cavity, compressing and displacing its normal contents. and hindering their expansion. A post-mortem examination of a fat abdomen will convince the observer of the enormous mass of subperitoneal adipose tissue extending over the whole periphery of the peritoneal cavity. This deposit of fat, whether

spread along the peritoneum or accumulated in large masses in the inguinal and crural glands, is very vascular, and when dissected in an operation for radical cure may be the seat of free and troublesome hemorrhage. The development of a hernial protrusion after laparotomy, or a wound of the abdominal parietes, is favored, the author thinks, by an excessive accumulation of fat at the seat of the traumatism, and also by extensive fatty infiltration of the muscular and aponeurotic structures. Marked obesity produced rapidly in a subject between 15 and 30 years of age should, it is pointed out, excite dread of the existence of hernia, and lead to an examination of the inguinal and crural rings. With the objects of preventing hernia in such subjects, and also of improving the prognosis of an operation for radical cure when a hernia has already been formed, a course of treatment is recommended, which consists in a spare mixed diet, active exercise, attention to the renal functions. frequent and regular purgation, strict abstinence from alcohol and the frequent administration of iodide of potassium in small doses. This treatment is also indicated, according to the author, in cases of both reducible and irreducible hernia in obese patients, whom for different reasons it may be found inadvisable to submit to the risks of a surgical operation.

-Brit. Med. Jour.





ALBUMINURIA IN PREGNANCY.

Charles, of Liege (Journal d'Accouchements, October 11, 1896), after relating a case, insists on the necessity of prophylactic treatment in eclampsia. The urine of all women in the last two months of pregnancy This rule is must be examined. specially important in primiparae showing the least trace of odema. The milk treatment must be enforced immediately albuminuria is detected. If, however, it proves even a partial failure, labor must be induced. The carrying out of this rule has given Charles 100 per cent. of successful cases as regards the mother, 75 per cent. of the children being saved. The case which Charles relates as an example was a primipara, aged 22, eight and a half months pregnant and suffering from odema and albuminuria. Absolute milk diet, saline purgatives, diaphoresis were prescribed for a few days, but though the odema lessened albuminuria continued, and the treatment threatened to kill the delicate, sensitive patient. Labor was induced and the child saved; the mother was able to suckle it, and the odema and albuminuria disappeared within three days.

HEMATOSALPINX PROFLUENS.

Thorn, of Magdeburg, Centralbl. f. Gynak., No. 43, 1896) believes that the fallopian tube discharges its contents into the uterus in some cases of partial obstruction. He admits that this phenomenon is rare, though he has twice observed it in hydrosalpinx. He now brings forward an instance where he considers that simple hemorrhage from the tube explains the symptoms. The patient was 31, healthy and married nearly eight years; her last confine-

ment was about two years since. In January, 1896, symptoms of acute peritonitis set in, and metrorrhagia continued for nine weeks. was much pain in the right side of the hypogastrium. These symptoms vanished, and the period became regular. For the last seven months the chief trouble has been a brown discharge, variable in daily quantity. Occasionally there is pain in the left side, followed by an increase of the brown discharge. On pelvic examination seven months after the first attack, the right tube was found much swollen, curving downward under the ovary in Douglas' pouch. These abnormal appendages not tender. A little brownish fluid blood issued from the os externum. It may be noted that these symptoms have been observed in the early stages of papilloma and carcinoma of the tube.

GENITAL ANOMALY.

E. Lauwers, of Courtrai (Bull. de l'Acad. roy. de med. de Belgique, No. 8, 1896), has put on record a case which demonstrates the danger of trying to make an artificial vagina. The patient, an unmarried girl, had never menstruated, but from the age of 14 years had suffered from abdominal pain. The vagina ended in a cul-de-sac, 2 cms. in depth, and in the abdomen was a rounded tumor to the left side, which enlarged at each month period. A vagino-rectal examination showed that the vaginal cul-de-sac was separated from the lower end of the abdominal tumor by a distance of several centimetres. Lauwers tried to make an artificial vagina. He incised the vaginal vault and tapped the tumor, and then found that the peritoneal and vesical cavities had been opened into. Laparotomy was at once performed, and the abdominal tumor, which consisted of the rudimentary left horn of the uterus in a state of hematometra, was removed, along with the unicorn uterus of the right side. The patient recovered. This was evidently a case of absence of the upper (Mullerian) part of the vagina; the external genitals were normal. The danger of interference per vaginam in such cases is very clearly demonstrated.

WOMAN'S MILK AND ANTI-TOXIN.

Schmid (Wiener klin. Woch., No. 42, 1896) concludes, from a series of observations, that the protective material taken up in the mother's blood during treatment passes into the milk, though in smaller relative proportions. It is a known fact, Schmid remarks, that sucklings rarely contract diphtheria. He insists that in association with the subject of antitoxin treatment of mothers with diphtheria, it is necessary to ascertain how long the infants' blood naturally resists the diphtheritic poison.

FIBROMA MOLLUSCUM OF LABIUM.

Holzmann (Inaugural Dissertat., Marburg, 1896) describes an unusually large tumor of this kind, which grew from the right labium majus of a woman aged 37. It had existed for at least nine years, beginning as a swelling of the labium, which for a time advanced very slowly. Latterly, as is the case with most new growths, it advanced rapidly, so that it reached to the knee. There was little or no pain, and it was successfully removed. It weighed over fifteen pounds.

COINCIDENT HYDATID DIS-EASE AND HYDROSALPINX.

Mermet (Bulletins de la Soc. Anat. de Paris, July, 1896) reports the following case. A woman, aged 39, had suffered from syphilis, from pel-

vic inflammation many years ago, and from severe lumbar pains for four years; they were getting worse, and there was a swelling in the left loin. The period was perfectly regular. On examining the loin, a cyst could be detected in the subcutaneous tissue, and was diagnosed as hydatid. A cystic tumor filled the hypogastrium and the iliac fossa, chiefly the left. The uterus was pushed up against the symphysis, and the fornices and Douglas' pouch were filled with a bilobed tumor continuous with the cystic mass in the abdomen. Very naturally, hydatid disease of the pelvis was diagnosed. A lumbar incision was made, and an undoubted hydatid tumor with characteristic lining membrane removed. When the abdomen was opened, two large cysts were exposed and moved; they were closely associated with a pair of sclerosed, cystic ova-There could be no doubt that they were enormously dilated tubes. Mehmet remarks that this proves the falsity of Nelaton's theory that when hydatid cysts exist another cystic tumor developing by coincidence necessarily becomes infected by the parasite.

PAPILLOMA OF THE VULVA.

Manciere (Tribune Medicale, September 30, 1896) recommends salicylcollodion for warts on the vulva. The application is perfectly painless and causes each growth to shrink within a week. It is made by mixing a measure of salicylic acid with twice the quantity of collodion. A few drops should be applied at the first sitting to 8 or 10 of the growths, and on the next day to as many more, those already treated being once more touched with the compound. This treatment is continued till all the growths have begun to shrink. It does not matter much if the collodion runs on to the surrounding tissues, as it does not damage mucous membrane or skin. When rapid treatment is needed the papillary growths may be excised, and after all oozing has been checked by pressure, the salicyl-collodion should be applied.

OVARIAN OPOTHERAPY.

Muret (Rev. Med. de la Suisse Romande, July 20, 1896) was led to try ovarian extract from a consideration of the well-known facts, that (1) without ovaries there is no uterine development or menstruation; (2) ablation of ovaries in young children causes them to grow up without any feminine attributes; (3) after puberty loss of ovaries entails cessation of menstruation and atrophy of genital organs; (4) osteomalacia is cured by oophorectomy. The above are generally explained by some indefinite action of the nervous system, but Muret thought them much more probably due to the presence of an internal ovarian secretion, which would be absent or deficient in 1, 2 and 3, and excessive or altered in 4. In 1893 he therefore began to use the extract, and now publishes 21 cases: (a) Nine were cases of nervous affections caused by the physiological menopause. In most the menses had been absent for months or even years and the symptoms were of usual vasomotor origin, with insomnia and sometimes severe lumbar pain and visceral troubles such as flatulence, anorexia, etc. These were all cured or very much improved by the "ovarin," without any other treatment. Irritable bladder was one of the vasomotor symptoms of the menopause in one case, and was cured, while in another, when due to neurasthenia alone, it was not benefited. In two cases the menopause was passed some years before the climateric symptoms began; apparently inexplicable nervous symptoms may then be present, which are, however, improved by the extract. three cases the symptoms were not post-climateric, but appeared with irregularity of menstruation (molimina climacteria); two were cured and one improved. Most of these nine cases had been treated unsuccessfully by other methods. (b) Knauer has found that in rabbits transplanted ovaries can be grafted

onto the peritoneum or between muscles and retain their vitality. From the point of view of internal secretion this is most important. The extract was given to three patients whose symptoms were caused by premature menopause after removal of the ovaries, and great improvement followed. (c) Four cases of chlorosis were treated. Though the number is too small for positive conclusions, comparing their progress during fourteen days with rest in bed alone, with the second fourteen days when ovarin was given, it was found that in there was a relatively larger increase of hemoglobin in the second period, and in three a larger increase in weight. The menses appeared in after an absence of some months. The hypothesis is that the insufficient ovarian action is primary and the amenorrhea merely its outward sign. Cases of relapsing chlorosis with hypoplasia of the genital organs lend support to this. (d) In other cases such as molimina climacteria, irregular menstruation with retroflexion of the uterus and parametritis, etc., ovarin exerted a beneficial effect in regulating the periods. Possibly, then, it has a special action on menstruation; nevertheless in two of the chlorotic cases amenorrhea persisted, and other authors have had no good results in this direction. The appetite was often improved and constipation lessened. Method of Administration.—(1) Liquid ovarin, which is a gycerine extract of ovaries of young cows, containing 1 grain of ovarin tissue in 0.5 grains glycerine, were injected into the buttocks daily in doses of 0.5 grains to 1 grain. (2) Compressed tabloids, containing 0.25 or 0.30 centigramme of dried gland, proved quite as efficacious as the injections, when two or three a day were given, and were adopted finally in place of the injections. The treatment can be continued for a month or more and is always well borne.

—В. М. J.





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Apostoli, Dr. G., Paris, France
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Ball, Prof. B., Paris, France
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Jewett, Dr. H. S., Dayton, O
Lewis, Dr. Louis, Philadelphia
Manley, Dr. Thos. H., New York, N. Y., 4, 6, 49, 90, 94, 121, 138, 164,
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